

Case Number:	CM14-0162757		
Date Assigned:	10/07/2014	Date of Injury:	09/21/1999
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50 year old male who has developed chronic neck, upper extremity, low back and lower extremity pain subsequent to a crush injury on 9/21/99. He is described to have a VAS score of 9/10 and there is scant documentation of medications benefits. He is reported to be prescribed MS Contin 30mg. q 8 hours, Percocet 10mg. 4/day, Soma qhs, Skelexan TID and Lyrica 50mg. TID. A urine drug screen from 2/19/13 was negative for the prescribed drugs. There are no comments in the records provided regarding the possibility of diversion. Stocking glove numbness is described involving the left arm and right leg. A cervical epidural is requested, however the level and type is not documented. A prior cervical epidural was provided on 8/26/13 and it is reported to have provided significant relief. The records provided for review do not objectively establish this. In conjunction with requests for cervical epidural injections, epidural injections of the thoracic and lumbar spine are also requested. X-rays of the pelvis area, coccyx are requested, but there is no documentation of an examination of this area. Prior treatment has included a left carpal tunnel release and left ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical Epidural Injection W/Fluoro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines supports the appropriate use of repeat epidurals if there is clearly established type of injection, level(s) of injection and well documented improvements. There should also be clear documentation of a radiculopathy that reasonably fits a dermatomal pattern. No of these Guideline standards have been met. The request for a Cervical Epidural Injection is not medically necessary.

Ortho Referral Left Ulnar Distribution - [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

Decision rationale: MTUS Guidelines support referrals when the medical issue is beyond the expertise of the evaluating physician. A referral to the prior operating surgeon is consistent with Guidelines when the surgical outcome is poor or incomplete. The request for an Ortho Referral Left Ulnar Distribution is medically necessary.

Referral To Hand Surgeon-Bilateral Wrist Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

Decision rationale: MTUS Guidelines supports the appropriate referral to a specialist, however a referral to a different surgeon that operates on the upper extremities was just recommended. Duplicate referrals are not appropriate, particularly when the initial request has not even been completed and results/recommendations reviewed. The referral to a another hand surgeon is not medically necessary.

X-Ray Pelvic/Sacral/Coccyx Region Tailbone Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-24.

Decision rationale: MTUS Guidelines recommend certain standards of history taking and exam prior to ordering testing or recommending treatment. There is no documentation regarding the character or frequency of pain in this region. In addition there is no documentation of an physical exam evaluation of the pelvic region or coccyx. Under these circumstances the request for x-rays of the pelvic region do not meet Guideline standards and are not medically necessary.