

Case Number:	CM14-0025122		
Date Assigned:	06/13/2014	Date of Injury:	01/26/2012
Decision Date:	08/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pain Management 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:

The injured worker is a 61 year old female with date of injury 1/26/12. She complained of pain in the upper back, left shoulder and elbow, wrist and hand. On exam, there is moderate tenderness in the cervical, thoracic, and lumbar spine. Her sensation is intact. X-rays of the cervical and lumbar spine showed degenerative disc disease, and osteoarthritis. Diagnoses are cervical spine, thoracic spine and lumbar spine bulges, bilateral shoulder / elbow / wrist / hand strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL (LEVELS NOT SPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: As per CA MTUS guidelines, the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby making it easier for the injured worker to be involved in more active treatment programs, and avoiding surgery, but this

treatment alone offers no significant long-term functional benefit. Furthermore, per CA MTUS guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). One of the criteria stated by the guidelines for the use of epidural steroid injections for radicular pain management is; "Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs [NSAIDs] and muscle relaxants)". The medical records do not document any radicular pain in dermatomal distribution or any clinical findings indicative of radiculopathy. There is no imaging or electrodiagnostic evidence of nerve root impingement. Furthermore, there is no documentation of trial and failure of conservative management such as physical therapy (PT). Therefore, the medical necessity of the request for cervical epidural steroid injection is not established and is non-certified.

LUMBAR EPIDURAL; LEVELS NOT SPECIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: As per CA MTUS guidelines, and as with cervical epidural injections, the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and allow for success in more active treatment programs, as well as to avoid surgery, but this treatment alone offers no significant long-term functional benefit. Radicular symptoms must be confirmed and the individual must have been unresponsive to conservative treatments as noted. The medical records do not document any radicular pain in dermatomal distribution or any clinical findings which would confirm the presence of radiculopathy. No imaging or electrodiagnostic evidence showed nerve root impingement. Furthermore, there is no documentation of trial and failure of conservative care such as physical therapy. Therefore, the medical necessity of the request for lumbar epidural steroid injection is not established and is non-certified.

CHIROPRACTIC;SIX (6) VISITS (1X6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of individuals with chronic pain in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this case, the medical records do not specify the type of therapy or the body part to be treated. There is no documentation of previous physical therapy / chiropractic treatment outcomes, i.e functional gain

in the objective measurements. Therefore, the medical necessity of the request is not established per guidelines.

NEUROLOGY CONSULTATION FOR HEADACHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: CA MTUS does not address the issue. Per ACOEM guidelines, a referral to another specialist can be made if a diagnosis is unclear or complex, or when psychological factors coexist. In this case, diagnoses are clear and there is no ambiguity or complexity in the treatment plan. Furthermore, reason for the referral has not been specified. Thus, the medical necessity of the request for neurology consultation is not established at this time.

PSYCH FOLLOW UP FOR ANXIETY AND DEPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: CA MTUS does not address the issue. Per ODG guidelines, office visits for follow ups are recommended as determined to be medically necessary. The guidelines recommend that outpatient visits play an important role in the proper diagnosis and in assisting the injured worker to return to work. The need for such visits should be individualized. In this case, there is no evidence of any specific psychiatric condition to necessitate follow up. There is no documentation of a detailed history or physical examination or any other indications. Therefore, the medical necessity of the request for psych follow up cannot be established at this time.

ORTHOPEDIC FOLLOW UP FOR CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: Per MTUS guidelines, the cervical epidural steroid injection is not medically necessary as stated above. Accordingly, the medical necessity of the request for Orthopedic follow up for the purpose of an cervical epidural steroid injection is not established.

ORTHOPEDIC FOLLOW-UP FOR LUMBAR EPIDURAL STEROID INJECTION:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: Per MTUS guidelines, the lumbar epidural steroid injection is not medically necessary as stated above. Accordingly, the medical necessity of the request for Orthopedic follow up for lumbar epidural steroid injection is not established.