

<b>Case Number:</b>	CM14-0025691		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 whose date of injury is 12/12/11. The mechanism of injury is described as a slip and fall. A progress note dated 08/19/13 indicates that the injured worker has had no treatment whatsoever. An MRI of the cervical spine dated 12/24/13 revealed a 3 millimeter broad based disc bulge encroaching into bilateral neural foramina at the C6-7 level causing mild to moderate bilateral neural foraminal narrowing, left greater than right. There is 3 mm anterolisthesis C5-6. There is also a 3 mm broad based disc bulge encroaching into inferior recess of bilateral neural foramina causing minimal bilateral neural foraminal narrowing. There is also mild central canal stenosis. There is a 3 millimeter broad based disc bulge at C4-5 causing mild to moderate central canal stenosis. A progress note dated 01/24/14 indicates that diagnoses are cervical sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain, bilateral shoulder strain, radiation upper extremities, spinal deconditioning, and cervical stenosis C4-5, anterolisthesis C5-6, and foraminal stenosis C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Based on the clinical information provided, the request for pain management evaluation is not recommended as medically necessary. There is no current, detailed physical examination submitted for review. There is no clear rationale provided to support pain management evaluation at this time. It is unclear how the evaluation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM Guidelines. Therefore, pain management evaluation is not medically necessary.

**Cervical epidural injections:** 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 steroid injections Page(s): 46.

**Decision rationale:** There is no current, detailed physical examination submitted for review to establish the presence of active cervical radiculopathy as required by the California MTUS Guidelines. There is no indication that the injured worker has undergone any recent active treatment. The request is nonspecific and does not indicate the level, laterality or approach to be performed. Therefore, cervical epidural injections is not medically necessary.