

Case Number:	CM14-0034778		
Date Assigned:	06/20/2014	Date of Injury:	05/09/2011
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Emergency Medicine 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:

Patient with reported date of injury of 5/9/2011. Mechanism of injury is described as a fall backward at work site. Patient has reported cumulative injuries prior to the fall. Reported multiple cortisone shots to shoulders, R shoulder surgery in 2005 and L shoulder surgery in 2008. Pt has a diagnosis of cervical/lumbar discopathy, carpal tunnel/double crush syndrome and shoulder derangement. Multiple medical records from primary treating physician and consultants reviewed. Last report available until 2/24/2014. Patient complains of pain to cervical spine with headaches with tension between shoulder blades and migraine. Patient also has complaint of chronic low back pain. Patient also has bilateral shoulder and arm pains. Objective exam reveals multiple findings. Exam of arms and hands show positive positive palmar compression test and Phalen's maneuver. Reproducible symptomatology in the median nerve distribution. Decreased bilateral grip. Lumbar spine exam shows tenderness from mid to distal lumbar segment. Pain with movement. Seated nerve root test positive and dysaesthesia at L5 dermatome. MRI of lumbar spine(unknown date) shows multilevel lumbar spondylosis with HNP and segmental instability at L4-5 and L5-S1.Nerve conduction studies done on 10/8/13 was normal and did not show carpal tunnel syndrome.No other advance imaging or electrodiagnostic studies were provided.No medication list was provided. There is no medications listed in any of the provided records.Objective exam reveals cervical spine with tenderness to cervical paravertebral muscle and upper trapezial muscle with spasms. Axial load and Spurling test are positive. Limited range of motion(ROM) due to pain. Dysesthesia at C6-7 dermatome. Shoulder exams has pain to anterior glenohumeral region and subacromial space. Utilization review is for "referral to a pain management specialist for possible lumbar epidural block".Prior UR on 3/6/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a pain management specialist for possible lumbar spine epidural block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Low Back Procedure.

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

Decision rationale: The requested referral to a pain specialist as documented is specifically for possible Epidural Steroid Injection(ESI). Since ESI is the primary issue requested, this review will determine if ESI is medically necessary since the referral to pain management is for no other documented reason. As per MTUS Chronic pain guidelines, ESI is an option is radicular pain. Its use and benefits are limited due to short term improvement. As per guidelines, pt must meet criteria before ESI can be recommended. 1)Radiculopathy must be documented on exam and corroborated by imaging of electrodiagnosis. Pt fails this criteria. Pt does not have a diagnosis of radiculopathy. There is no exam, imaging of EMG/NCV to support radiculopathy. 2)Failure to respond to conservative therapy needs to be documented. Documentation fails to support this criteria. There is no documented medication list or prior therapies attempted to treat the pain. 3)ESI goal is for short term improvement in pain to allow for more active therapy or to avoid surgery. There is no documentation of goal of ESI on record, Pt fails to meet the all basic criteria for ESI therefore ESI is not medically necessary. Since ESI is not medically necessary, the referral to a pain specialist for this procedure is also not medically necessary.