

Case Number:	CM14-0072497		
Date Assigned:	07/16/2014	Date of Injury:	04/30/2013
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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 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:

According to the records made available for review, this is a 65-year-old male with a 4/30/13 date of injury. At the time (4/3/14) of request for authorization for Consultation with Pain Management Specialist, there is documentation of subjective (neck pain radiating to the right hand and fingers with numbness, tingling and weakness; and low back pain) and objective (tenderness to palpation over the paracervical and trapezial musculature, positive cervical distraction test with spasms, decreased cervical range of motion; and tenderness to palpation over the lumbar spine with spasms) findings, imaging findings (Reported MRI of the cervical spine (1/24/14) revealed right lateral disk protrusions compromising the exiting right C5, C6 and C7 nerve roots in the neural foramina; report not available for review), current diagnoses (cervical spondylitic myelopathy, cervical discopathy, cervical radiculopathy, and lumbar sprain/strain with radicular complaints), and treatment to date (medications (Naproxen, Omeprazole, and Cyclobenzaprine), activity modification). In addition, medical report identifies a request for the patient to undergo consultation with a pain management specialist for a possible cervical epidural steroid injection at the level of C6-C7. Furthermore, 5/8/14 medical report identifies additional objective findings (decreased sensation in the C7 and C8 distributions and decreased strength of the bilateral thumb abductors and finger extensors). There is no documentation of an imaging report and failure of additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Pain Management Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and consultations, page 127.

Decision rationale: ACOEM guidelines identifies that consultation is indicated to 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 criteria necessary to support the medical necessity to support the medical necessity of consultation. In addition, MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression / moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical spondylitic myelopathy, cervical discopathy, and cervical radiculopathy. In addition, there is documentation of a rationale identifying pain management consultation for a possible cervical epidural steroid injection at the level of C6-C7. Furthermore, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory and motor changes) radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modification and medications). However, despite documentation of 4/3/14 medical report's reported imaging findings (MRI of the cervical spine identifying right lateral disk protrusions compromising the exiting right C5, C6 and C7 nerve roots in the neural foramina), there is no documentation of an imaging report. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Consultation with Pain Management Specialist is not medically necessary and appropriate.