

<b>Case Number:</b>	CM14-0100954		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old male who reported injury on 03/02/2012. The mechanism of injury was not provided. The injured worker is diagnosed with cervical radiculopathy. His patient treatments were noted to include medications, activity modification and physical therapy. An MRI of the cervical spine revealed a 2 mm posterior disc protrusion and possible annular tear at C2-3, a 2 mm posterior disc bulge with encroachment on the foramina bilaterally and compromise of the exiting nerve roots bilaterally at C3-4, a 2 mm disc protrusion at C4-5, a 4 to 5 mm posterior disc protrusion with encroachment on the foramina and exiting nerve root compromise bilaterally at C5-6, and a 4 to 5 mm posterior disc protrusion/extrusion/osteophyte formation complex at C6-7 with encroachment on the foramina bilaterally and compromise of the exiting nerve roots bilaterally. On 05/05/2014, the injured worker was noted to have symptoms of continued cervical spine pain and headache; physical examination was noted to reveal a positive Spurling's test. This clinical note is handwritten and largely difficult to decipher. It was noted that a cervical spine epidural steroid injection was recommended. A Request for Authorization, dated 05/19/2014, indicated that a consult with pain management was recommended for a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation for CESI (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)-TWC Pain Procedure Summary last updated 04/10/2014

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

**Decision rationale:** According to the Official Disability Guidelines, office visits are recommended based on patient concerns, signs and symptoms, and clinical stability. Review of the submitted documentation shows that the injured worker had symptoms to include neck pain, with radiating symptoms down the bilateral upper extremities. He was also shown to have evidence of radiculopathy on physical examination, to include a positive Spurling's; at the time a cervical epidural steroid injection was recommended. However, further review of the submitted documentation shows that the injured worker was previously being followed by pain management for his cervical spine and radiating symptoms. Previous pain management notes were submitted, including a 03/17/2014 note, as well as a 05/12/2014 note. Therefore, it is unclear why an additional consultation with pain management was recommended and requested on 05/19/2014. While the submitted medical records did indicate the possible need for epidural steroid injection of the cervical spine, based on MRI findings, symptoms and objective findings, as the injured worker was already established with a pain management physician regarding his cervical spine condition, additional clarification is needed regarding the request for a pain management consultation. Therefore, the request is not medically necessary.