

<b>Case Number:</b>	CM14-0182713		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58-year-old male who sustained an industrial injury on May 9, 2012. Medical records indicated that the injured worker was treated for right shoulder pain. His medical diagnoses include cervical and lumbar discopathy, bilateral carpal tunnel syndrome, double crush syndrome and bilateral shoulder internal derangement. In the provider notes dated August 26, 2014, the injured worker complained of constant sharp pain in the cervical spine radiating into the upper extremities associated with headaches and tension between the shoulder blades. Pain is aggravated by repetitive motions of the neck, pushing, pulling, lifting, reaching forward and working at or above the shoulder level. He also complains of sharp constant low back pain radiating into the lower extremities aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing and walking multiple blocks. He rates his pain 7 to 8 on pain scale. He has intermittent aching shoulder pain in both shoulders aggravated by reaching forward, lifting, pushing, pulling and working at or above shoulder level. He rates his pain a 4 on the pain scale. On exam, the documentation noted palpable paravertebral muscle tenderness of the cervical spine with spasm and positive axial loading compression test. There is limited range of motion with pain and positive Spurling's maneuver. The documentation states, "there is no clinical evidence of stability on exam. There is tingling and numbness into the anterolateral shoulder and arm, lateral forearm and hand, greatest over the thumb and in the middle finger which correlates with" cervical 5 to cervical 6 and cervical 6 to cervical 7 "dermatomal pattern." There is decreased strength and the biceps and triceps reflexes are asymmetric. There is positive Tinel's sign at the elbows and diminished sensation of the ulnar digits. The treatment plan is for a

referral to medication management specialist and possible cervical epidural steroid injection. Previous treatments include medications, activity modification and rest. A Request for Authorization was submitted for pain management consult for possible cervical epidural steroid injection (CESI). The Utilization Review dated October 8, 2014 non-certified pain management consult for possible CESI.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pain management consult for possible CESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs), Opioids, criteria for use.

**Decision rationale:** The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. In this case, the request is for pain management consultation for possible epidural steroid injection. Although physical exam by the requesting provider does document radiculopathy and the injured worker has had inadequate response to conservative treatment, cervical radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The criteria for the use of epidural steroid injections is therefore not met as outlined in the cited guidelines. The request for pain management consult for possible CESI is determined to not be medically necessary.