MAXIMUS Federal Services

Case Number:	CM14-0197251		
Date Assigned:	12/05/2014	Date of Injury:	11/06/2012
Decision Date:	01/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 acupuncture 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:

This 47 year old male was a control manager when she sustained a continuous trauma injury on November 6, 2012. The injured worker reported dull, throbbing pain of the left elbow and shoulder. Prior treatment included anti-inflammatory and topical medications, cortisone injections to the left shoulder and elbow, wrist and elbow braces, activity modifications, physical therapy, and chiropractic therapy. On July 8, 2014, a MRI of the cervical spine revealed reversal of the normal cervical lordosis, which may be positional or related to spasm. There was degenerative disc and facet disease, bulging discs at the levels of C3-C4 with mild canal stenosis and effacement of the anterior surface of the cord, C5-C6 with effacement of the anterior thecal sac and mild canal stenosis and mild left neural foramina narrowing, and C6-7 with effacement of the anterior thecal sac and the neural foraminal were not narrowed. Neural foramina were patent at C3-C4 and the right C5-C6. On October 8, 2014, an electromyography and nerve conduction studie revealed there was radiculopathy was found. On November 5, 2014, the primary treating physician noted increased neck pain 9/10, left shoulder 10/10, and left elbow pain 8/10.The physical exam revealed volar and dorsal aspects of bilateral wrists/hands were tender, positive left Tinel's sign, and decreased strength. There was generalized tenderness to palpation along the elbow. There was muscle spasm of the paraspinal musculature of the cervical and thoracic spines, painful range of motion. The left shoulder had positive Neer's impingement and Hawkin's-Kennedy impingement tests. Diagnoses included rule out cervical herniated nucleus pulposus, left C5 (cervical 5) radiculopathy, left shoulder impingement, and left ulnar nerve entrapment. The physician recommended pain medication, continuing to wear the left wrist brace, and a request for a pain management consult for possible cervical epidural injections. The injured worker was given a left subacromial steroid injection to the left shoulder. The injured worker's work status was return to full duty without restrictions.On November 18, 2014

Utilization Review non-certified a request for a pain management consult for possible cervical epidural injections. The pain management consult for possible cervical epidural injections was non-certified based on the lack of objective evidence of cervical radiculopathy. In addition, the injured worker recently underwent a subacromial steroid injection to the left shoulder, which could help on a diagnostic basis to clarifying a pain generator in the upper extremity. Therefore, it would be necessary to determine the injured worker's response to the injection prior to considering an epidural steroid injection of a pain management evaluation of the cervical spine. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Management Treatment Guidelines for Epidural steroid injections (ESI) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for possible epidural steroid injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits; Institute for Clinical Systems Improvement, page 66

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The MRI C/S notes central canal stenosis at the level relevant to the claimant's symptoms (C4/5). Also, there is physical exam evidence of radiculopathy (weakness and reduced sensation) in the appropriate dermatome in the 4/17/14 note of [redacted]. The medical necessity of the requested referral has been sufficiently established by the documentation available for my review. Therefore the request is medically necessary.