

Case Number:	CM14-0211087		
Date Assigned:	12/23/2014	Date of Injury:	11/30/2001
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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 Physical Medicine Rehab, 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 57-year-old patient sustained an injury on 11/30/2004 while employed by [REDACTED]. Request(s) under consideration include Pain management consult. Diagnoses include cervical spine HNP with stenosis/ radiculopathy; and multiple heart stents. EMG study showed no evidence for radiculopathy. Conservative care has included medications, therapy, chiropractic treatment, cervical epidural steroid injection (2010), and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted neck and low back pain rated at 9/10 with associated numbness and tingling in the hands. The patient remained not working. Exam showed unchanged findings of limited cervical range with diffuse decreased sensation at left C5, C6, C7 dermatomes, diffuse motor weakness of 4+/5 with mildly hyper-reflexive reflexes in bilateral upper and lower extremities. The request(s) for Pain management consult was non-certified on 12/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127; Chapter 6, Pain, Suffering and Restoration of Function, page 108-115

Decision rationale: There was notation that posterior foraminotomy ant left C6-7 surgery was previously authorized, but deferred due to unrelated non-industrial heart attack/issues. Review indicated most recent cervical MRI showed degree of neural foraminal narrowing at C6-7 was decreased compared to prior study. Previous cervical epidural injection historically provided only mild short-term relief without demonstrated functional improvement. Current request is for pain management to identify pain generator with possible consideration for medial block or epidural injection. EMG study, however, showed no evidence for radiculopathy. While it is reported that the MRI showed foraminal stenosis, there is no report of acute flare-up for persistent chronic pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated focal neurological deficits to corroborate with the imaging studies to support for the epidural steroid injections. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. As the epidural or block is not supported, the pain management consultation for the procedure is not supported. The Pain management consult is not medically necessary and appropriate.