

<b>Case Number:</b>	CM15-0002561		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Family Practice

### 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 44-year-old female who sustained an industrial injury on 08/20/2009 from repetitive use. She has reported pain in the bilateral upper extremities with current complaint of tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger. A progress note from the treating provider dated 11/04/2014 documented palpable paravertebral muscle tenderness with spasm on the cervical spine, a positive axial loading compression test, and positive Spurling's maneuver. Range of motion was limited by pain. Triceps reflexes were asymmetric. Inspection/palpation of the wrist and hand showed tenderness over the 1st dorsal compartment and volar aspect of the wrist, and a positive palmar compression test. Range of motion was full but painful. There was diminished sensation in the radial digits. An upper extremity electrodiagnostic study performed 04/25/2012 reported mild bilateral carpal tunnel syndrome. Diagnoses include cervical disc displacement, right carpal tunnel syndrome and post De Quervain's Surgery, status post right lateral epicondyle release, and Carpal Tunnel Syndrome situation post right carpal tunnel release. Treatment plans include medications as previously prescribed, a pain management consultation for a Cervical Epidural Steroid Injection (CESI) of the cervical spine, a MRI of the cervical spine, and bilateral upper extremity electrodiagnostic study. On 12/04/2014 Utilization Review non-certified a request for Pain Management Consult for CESI, noting there was no indication that the specific treatment focuses on the cervical spine or prior imaging of the cervical spine for review. The MTUS, ACOEM Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pain Management Consult for CESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ACOEM OMPG Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

**Decision rationale:** According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the medical records do not establish evidence of radiculopathy stemming from the cervical spine on imaging or electrodiagnostic studies. The medical records also do not establish attempts at conservative care for the injured worker's cervical spine complaints. The request for Pain Management Consult for CESI is not medically necessary.