

Case Number:	CM15-0103207		
Date Assigned:	06/05/2015	Date of Injury:	09/14/2007
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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, North Carolina
 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 64 year old male, who sustained an industrial injury on 9/14/07. He reported initial complaints of neck and right upper extremity injury. The injured worker was diagnosed as having C3-C7 hybrid cervical reconstruction (5/8/12); double crush syndrome/carpal tunnel; lumbar discopathy. Treatment to date has included status post anterior cervical discectomy/fusion C3-C7 (5/18/12); epidural steroid injections x2; physical therapy; medications. Diagnostics included EMG/NCV upper/lower extremities (7/5/11); MRI lumbar spine (2013). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker was in the office on this date for an orthopedic re-evaluation. The injured worker complains of intermittent pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. There is constant throat pain with dysphagia characterized by throbbing with a pain level of 7/10 for the throat and 4/10 for the neck. There is frequent pain in the lower back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing and walking. It is characterized as sharp with radiation pain in to the lower extremities. He notes the pain is worsening with levels at 8/10. Examination of the cervical spine notes a well-healed scar. He continues to have dysphagia and the neurovascular status remains intact. His range of motion is limited as expected with his history of cervical fusion. The lumbar spine notes paravertebral muscle tenderness with spasm. Seated nerve root test is positive. His range of motion is noted as guarded and restricted. Circulation in the lower extremities is full with tingling and numbness in the lateral thigh, anterolateral/posterior leg and foot and an L5 and S1 dermatomal pattern. The provider's

treatment plan includes a requesting a MRI of the lumbar spine and bilateral lower extremity EMG/NCV study. The provider is also requesting a consultation for pain management for lumbar epidural steroid injection (LESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Pain Management for LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines (Second Edition, 2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7, independent medical examinations and consults, page 127.

Decision rationale: The request is a pain management consult for a lumbar ESI. This claimant has undergone two previous ESIs without long-term benefit or sustained relief documented. A pain management consult for a third injection is not supported by the guidelines. Therefore the request is deemed not medically necessary or appropriate.