

<b>Case Number:</b>	CM15-0130925		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old man sustained an industrial injury on 10/13/2011. The mechanism of injury is not detailed. Diagnoses include cervicalgia, lumbago, carpal tunnel syndrome, and cubital tunnel syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 5/20/2015 show complaints of cervical spine pain rated 8/10 with radiation to the bilateral upper extremities, low back pain rated 8/10 with radiation to the bilateral lower extremities, and bilateral elbow/wrists/hand pain rated 7/10. Recommendations include continue the current medications regimen, pain management consultation for potential cervical and lumbar epidural injections, continue home exercise program, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management specialist for consult (only) for possible cervical epidural steroid injection (CESI) and lumbar epidural steroid injection (LESI):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p 46 Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p 127.

**Decision rationale:** The claimant sustained a work-related injury in [REDACTED] and continues to be treated for a cumulative trauma injury with date of injury in October 2011 and continues to be treated for radiating neck and radiating low back pain. When seen, there was paraspinal muscle tenderness with muscle spasms. There was decreased cervical and lumbar range of motion. Spurling's and straight leg raising tests were positive. There was decreased lower extremity strength and upper extremity sensation. A CT scan of the lumbar spine in 2014 had included findings of an L5-S1 disc protrusion. Authorization for a pain management consultation for possible epidural steroid injections was requested. Prior lumbar epidural steroid injections had provided improvement for 4-6 weeks. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with cervical radiculitis. The claimant also has lumbar radiculopathy with symptoms, physical examination findings, and CT scan results consistent with this diagnosis and had some degree of improvement from previous epidural steroid injections. A cervical or repeat lumbar epidural steroid injection might be an option in his treatment. Therefore requesting a referral to pain management for an evaluation for a possible epidural steroid injection was medically necessary.