

<b>Case Number:</b>	CM15-0136153		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 53-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 30, 2011. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a consultation to consider epidural steroid injection therapy. The claims administrator referenced an RFA form received on June 24, 2015 in its determination, along with a progress note dated June 17, 2015. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had received a shoulder corticosteroid injection, it was reported. The attending provider, an orthopedist, seemingly suggested that the applicant consult a pain management physician to consider cervical epidural steroid injection therapy. The applicant had apparently had a cervical epidural steroid injection in the remote past, the results of which were unknown. The applicant was off of work and was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance benefits, it was reported. The applicant was using baclofen and Norco for pain relief, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for consideration of injection therapy for cervical radicular pain:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for a consultation to consider injection therapy for cervical radicular pain was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedic shoulder surgeon, was likely ill-equipped to address issues with and/or allegations of cervical radicular pain. Obtaining the added expertise of a pain management specialist to consider and/or formulate other treatment options was, thus, indicated. Consultation with a pain management physician to consider other potential treatment options, including a possible cervical epidural steroid injection, was, thus, indicated. Therefore, the request was medically necessary.