

Case Number:	CM15-0136306		
Date Assigned:	07/24/2015	Date of Injury:	03/09/2014
Decision Date:	10/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who sustained an industrial-work injury on 3-9-14. He reported an initial complaint of neck pain. The injured worker was diagnosed as having cervicgia and posttraumatic stress disorder. Treatment to date includes medication and diagnostics. MRI results were reported to demonstrate only 2 mm disc bulges at C3-4, C4-5, and C5-6 levels. Currently, the injured worker complained of neck pain. Per the primary physician's report (PR-2) on 6-11-15, exam revealed hypertension, use of Lisinopril, Lyrica, and Prbastatin, a 1 cm left radial wrist ganglion, and scratching of the forearms. The requested treatments include 1 referral to evaluate recommendation for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to evaluate recommendation for epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: Based on the 6/11/15 progress report provided by the treating physician, this patient presents with no reported subjective pain. The treater has asked for 1 REFERRAL TO EVALUATE RECOMMENDATION FOR EPIDURAL STEROID INJECTION but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 6/15/15 are neck pain, dyesthesias BUEs. The patient is s/p cervical MRI with 2mm disc bulges noted at C3-4, C4-5 and C5-6 levels. Patient is currently taking Citalopram, Buspirone, Lisinopril, Lyrica, and Pravastatin per 6/11/15 report. The patient has a 1cm left radial wrist ganglion and continues to scratch his forearms per 6/11/15 report. The patient's work status is not included in the provided documentation. ACOEM chapter 7, page 127: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treater states in 6/11/15 report that "epidural steroids have been recommended and you have requested that I refer the patient to [REDACTED] at SPOC." The patient was recommended an ESI and the treater has requested a referral to a pain management and rehabilitation specialist. Review of the reports do not show any evidence of an ESI evaluation being done in the past. A referral to a PM&R specialist for a potential epidural steroid injection has the potential to move this case forward. Hence, the request for consult appears reasonable and IS medically necessary.