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| Case Number: | CM15-0163384 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 06/25/2012 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 49 year old female who sustained an industrial injury on 6-25-12. The injured worker reported neck, right hand and shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical strain - sprain, right cervical radiculopathy C5-6, cervical degenerative disc disease with spinal stenosis C5-C6 and probably impingement on the exiting right C6 nerve root and possible impingement of the exiting left C6 and C7 nerve roots, right ulnar neuropathy, cubital tunnel syndrome, right cervicobrachial myofascial pain syndrome, right shoulder status post arthroscopy with residual adhesive capsulitis and myofascial pain, chronic pain syndrome. Medical records dated 9-1-15 indicate neck pain rated at 8 out of 10, right hand pain rated at 8 out of 10 and right shoulder pain rated at 7 out of 10. Provider documentation dated 9-1-15 noted the work status as "not working." Treatment has included cervical magnetic resonance imaging (11-8-13), electromyography (5-20-15), acupuncture treatment, Tylenol, Lidocaine Patches, Lyrica, Tizanidine, Norco, and status post rotator cuff repair (April 2013). Objective findings dated 9-1-15 were notable for tenderness to palpation to the cervical spine and decreased range of motion, lumbar spine with tenderness to palpation. The original utilization review (7-20-15) partially approved a pain management referral re: cervical spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral re: cervical spine epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: ACOEM General approach to initial assessment and documentation 27: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical records submitted for note that the injured worker has neck, right shoulder, and right hand pain. MRI of the cervical spine dated 11/6/13 revealed degenerative disc disease with spinal stenosis C5-C6 and probable impingement on the exiting right C6 nerve root and possible impingement of the exiting left C6 and C7 nerve roots. EMG/NCS dated 5/20/15 was abnormal, noting electrodiagnostic evidence for mild chronic lower trunk or medial cord brachial plexus pathology with superimposed ulnar nerve pathology at the elbow. There was some evidence to suggest mild chronic C5-C6 nerve root pathology. Considering right shoulder pathology, peripheral neuropathy, and cervical degenerative disc disease, pain management referral is indicated. The scope of practice for pain management physicians extends beyond simply ESI's. Per the documentation submitted for review, it appears that this request has been approved, but there is no approval for a cervical ESI, which is correct as it has not been requested. The request is medically necessary.