

Case Number:	CM15-0180568		
Date Assigned:	09/22/2015	Date of Injury:	06/09/2009
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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:

The injured worker is a 43 year old female, who sustained an industrial injury on June 9, 2009. Medical records indicate that the injured worker is undergoing treatment for cervicogenic headaches, right shoulder sprain with internal derangement, right lumbosacral radiculopathy, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, right shoulder intractable pain, anxiety and depression. The injured worker was working with modified duties. Current documentation dated August 13, 2015 notes that the injured worker reported frequent neck pain rated 5 out of 10 and constant intractable upper and lower back pain accompanied by frequent pain and numbness of the lower extremities. The injured worker also noted constant right shoulder pain which was rated 5 out of 10 without medications and 1-2 with medications. The injured worker stated that she gets greater than 60-70% improvement in both pain and function with her current medications. The injured worker is able to perform activities of daily living such as sitting, walking, bending, lifting, bathing, cooking and sleeping with medications. Objective findings revealed a slightly restricted range of motion of the cervical spine and a slightly too moderate restricted range of motion of the thoracic and lumbar spine. Multiple myofascial trigger points were noted in the cervical, thoracic and lumbar musculature. Sensation was decreased in the lateral aspect of the right calf, right foot and fourth and fifth digits of the right hand. Treatment and evaluation to date has included medications, electrodiagnostic studies, a psychosocial evaluation, right shoulder injections, lumbar laminectomy surgery and right shoulder arthroscopic surgery. Current medications include OxyContin, Norco, Wellbutrin and Xanax. Current requested treatments include one pain management consultation. The Utilization

Review documentation dated August 24, 2015 non-certified the request for one pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) consultation (pain management): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in June 2009 and is being treated for chronic pain. An MRI of the cervical spine in March 2012 is referenced as showing disc bulging without report of any neural or significant canal compromise. Electrodiagnostic testing in February 2015 showed findings of early right carpal tunnel syndrome. When seen, she was having frequent neck and constant upper and lower back pain with frequent lower extremity pain and numbness. She was having constant right shoulder pain. Physical examination findings included decreased right shoulder, cervical spine, thoracic spine, and lumbar spine range of motion. There were multiple trigger points. There was decreased right upper and lower extremity sensation and decreased right grip strength. Authorization was requested for a pain management referral for a cervical epidural injection. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant was not having radicular cervical pain as defined above. Neither the reported imaging nor electrodiagnostic testing reported corroborates a diagnosis of cervical radiculopathy, with electrodiagnostic testing showed findings of mild carpal tunnel syndrome which would partially explain the claimant's condition. Since an epidural steroid injection is not medically necessary, the requested consultation specifically for an epidural steroid injection cannot be accepted as being medically necessary.