

Case Number:	CM15-0220277		
Date Assigned:	11/13/2015	Date of Injury:	05/18/2009
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 injury on 5-18-09. The injured worker was diagnosed as having status post cervical C4-C7 hybrid reconstruction surgery; lumbar discopathy with radiculitis; bilateral knee internal derangement; bilateral plantar fasciitis; left cubital tunnel syndrome. Treatment to date has included status post anterior cervical disc fusion (ACDF) (12-26-12); status post cervical C4-C7 hybrid reconstruction surgery; status post bilateral carpal tunnel release; status post right shoulder subacromial decompression-SLAP repair; physical therapy; medications. Diagnostics studies included MRI cervical spine (8-21-15). Currently, the PR-2 notes dated 9-2-15 indicated the injured worker presented for an orthopedic re-evaluation. He complains of frequent neck pain with stiffness. The pain is said to be aggravated by repetitive motions of the neck: pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is sharp and radiates into the upper extremities. It is associated with headaches that are "migrainous in nature as well as tension between the shoulder blades." The provider notes, "On a scale of 1 to 10, the pain is a 7." There is noted intermittent bilateral shoulder pain and frequent bilateral elbow and wrist pain characterized as throbbing. The provider notes, "On a scale of 1 to 10 the pain is a 5" in these areas. He complains of intermittent low back pain and characterized as full. The provider notes this pain as "5" on the pain scale. He reports intermittent bilateral knee pain as a "6" on the pain scale and constant bilateral feet pain as a "7" on the pain scale. He also reports difficulty sleeping. There is a physical examination provided in this documentation of the cervical spine. The provider notes there is a well-healed anterior scar with tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver area negative. His range of motion is with pain at terminal motion. There is no evidence of instability on exam with neurovascular

status intact. A MRI cervical spine report dated 8-21-15 reports artifact per previous fusion surgery at C4-C5-C6, but no fractures, craniovertebral junction abnormalities, or intrinsic cord abnormalities identified. Cervical lordosis and alignment is maintained. The treatment plan includes a request for pain management for consideration of possible cervical epidural steroid injection versus a facet block. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 10-29-15 and non-certification for Pain management referral for possible cervical epidural injection versus facet joint block. A request for authorization has been received for Pain management referral for possible cervical epidural injection versus facet joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral for possible cervical epidural injection versus facet joint block:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the provider requested to refer to a pain specialist to help evaluate and decide whether cervical epidural injection or cervical facet joint injection was warranted. However, there seems to be enough information available to this provider to suggest that neither of these procedures are warranted, according to the documentation provided. There were no positive provocative cervical tests, abnormal sensory testing, MRI identified stenosis, or other findings to suggest cervical radiculopathy was present to consider the epidural injection. In addition, there was no documentation of facet joint tenderness. Therefore, perhaps a more clear diagnosis of facet joint pain/arthritis would be justification of a referral of this type in the future, if documented appropriately. Therefore, as this was not the case, this request for referral to pain management is not medically necessary at this time.