

Case Number:	CM15-0221991		
Date Assigned:	11/18/2015	Date of Injury:	03/18/2014
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/11/2015

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 59 year old female who sustained an industrial injury on 3-18-2014. A review of medical records indicates the injured worker is being treated for radiculopathy, cervical spine, radiculopathy, lumbar region, pain in the right elbow, and unspecified sprain of right wrist, initial encounter. Medical records dated 10-20-2015 noted pain in the neck, lower back, right arm, right elbow, and right wrist. Pain was rated 5 out of 10 at its best and a 9 out of 10 at its worst. Pain in the neck was 80% of the pain. Pain in the arm was 20% of her pain and pain in the lower back was 70% of her pain. Pain in the leg was 30% of the pain. Symptoms remained unchanged since her injury. Physical examination noted restricted range of motion to the cervical spine with spasm and tenderness on the right side. Range of motion was restricted to the lumbar spine with spasm and tenderness on the right side. MRI of the lumbar spine dated 5-2-2015 noted generalized facet arthropathy. EMG dated 7-8-2014 noted decreased motor CMAP with normal conduction velocity. Treatment has included anti-inflammatory medications, 24 sessions of physical therapy, and steroid injections. Utilization review form dated 11-6-2015 noncertified consultation and evaluation with an orthopedist, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and evaluation with an orthopedist, lumbar spine QTY 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in March 2014 with injuries to the neck, low back, right elbow, and right wrist while working as a paraprofessional for the Office of Education. She was seen for an initial evaluation by the requesting provider on 10/20/15. Anti-inflammatory medications had been prescribed and she had been seen and examined by several orthopedic surgeons. Electrodiagnostic testing was done in July 2014. Diagnostic testing had also included MRI scans of the cervical spine in October 2014 and lumbar spine in May 2015 and September 2015. She had undergone 24 sessions of physical therapy with moderate pain relief and TENS had provided mild to moderate relief. She had excellent relief after a right wrist steroid injection. She was having radiating neck and radiating low back pain rated at 5-9/10. Physical examination findings included a body mass index of nearly 27. There was decreased cervical and lumbar spine range of motion with paravertebral muscle tenderness and spasm. There was neck pain with Spurling's testing. Lumbar facet loading was negative. There was posterior iliac spine tenderness. Straight leg raising was positive on the right side. Right Finkelstein's testing was positive. She had decreased right lower extremity strength and sensation. Authorization was requested for a lumbar transforaminal epidural injection. Norco and naproxen were prescribed and gabapentin was continued. Authorization was requested for an orthopedic evaluation for the lumbar spine. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant was being seen for an initial evaluation, medications were prescribed and authorization for epidural steroid injections was requested. She had already been seen by more than one orthopedist and the content of these evaluations was not reviewed. The issue to be clarified is not stated and the requesting provider was assuming the role of the primary treating provider. When requested, an orthopedic consultation was not medically necessary.