

Case Number:	CM15-0030701		
Date Assigned:	02/24/2015	Date of Injury:	11/22/2013
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 41 year old female, who sustained an industrial injury on 11/22/2013. She has reported injury to head, neck, back and left knee. The diagnoses have included cervical disc displacement, lumbar disc displacement and knee sprain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, chiropractic therapy, dental consultation and psychotherapy. Currently, the injured worker complains of continued pain to neck, back, and knee, as well as pain in all of her teeth. Physical examination documented cervical tenderness, and lumbar tenderness. The left knee revealed decreased Range of Motion (ROM) and tenderness. Sensation, strength and the plan of care included additional chiropractic therapy, neurology consultation, and pain management consultation. Cervical spine MRI dated March 24, 2014 revealed the following impression: a small 2 to 3 mm central bulging disc at C5-6 with lots of lordosis and spasm; however, no obvious spinal cord or nerve compression. Lumbar spine MRI dated March 24, 2014 revealed the following impression: a small 2 to 3 mm central bulge at L3-4 with no significant nerve compression and normal alignment. An orthopedic surgical consultation was performed on January 26, 2015 at which time the patient was noted to have intact upper and lower extremity neurologic findings. The injured worker was diagnosed with cervical and lumbar strain, C5 C6 3 mm bulging disc and L3 -4, 3 mm bulging disc with no significant nerve compression. The orthopedic surgeon did not opine that the injured worker is a surgical candidate. Additionally, it was noted that the injured worker does not have any medical or symptoms, therefore she is not in need of epidural injections. Recommendation was made for further conservative care. On 2/12/2015 Utilization Review non-certified a pain management consultation for cervical and lumbar spine, possible epidural

injection, noting the prior approval for a spinal surgeon rendered the pain management consultation medically unnecessary. The MTUS, ACOEM, or ODG Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of pain management consultation for cervical and lumbar spine, possible epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management physician for possible epidurals for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45-46.

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no evidence of radiculopathy stemming from the cervical or lumbar spine. The injured worker is noted to have intact sensation, strength and reflexes of the upper and lower extremities and magnetic resonance imaging are not indicative of nerve root impingement. The request for Consultation with pain management physician for possible epidurals for the cervical and lumbar spine is not medically necessary.