

Case Number:	CM15-0030755		
Date Assigned:	02/24/2015	Date of Injury:	10/19/2012
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 56 year old male, who sustained a work/ industrial injury on 10/19/12. He has reported symptoms of worsening leg pain and neck pain with tingling in all fingers. Prior medical history includes diabetes mellitus. The diagnoses have included cervical spine herniated nucleus pulposus (HNP) / degenerative disc disease, lumbar spine herniated nucleus pulposus (HNP), and lumbar radiculopathy. Treatments to date included medications, physical therapy, chiropractic care, steroid injection to shoulders, durable medical equipment (DME: cane), and acupuncture. Diagnostics included electromyogram of bilateral lower extremities was normal. Upper extremities reported right sided C5 and left sided C6, C7 cervical radiculopathy or multiple upper extremity nerve involvement. Magnetic Resonance Imaging (MRI) report noted disc protrusion and narrowing. The treating physician's report (PR-2) from 8/8/14 indicated an antalgic gait with use of a cane, diffuse tenderness throughout cervical spine and lumbar spine and paraspinal muscles, range of motion of the lumbar spine elicits pain in all planes, positive facet loading challenge lumbar spine, decreased sensation left C6, 7, 8 dermatomes, and decreased sensation right L3-S1 dermatomes. On 1/20/15, Utilization Review non-certified a Follow-Up with Orthopedist for Impairment Rating and FMC for Upper/Lower Extremities ; Pain Management Consultation Within the MPN for Possible LESI, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines; American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up with Orthopedist for Impairment Rating and FMC for Upper/Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- office visits.

Decision rationale: Follow-Up with Orthopedist for Impairment Rating and FMC for Upper/Lower Extremities is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the rationale for requiring a specific follow up with an orthopedist. The documentation indicates that the patient already sees another physician for orthopedic symptoms. Without clarification of treatment and conditions provided by this physician the request for a follow-Up with Orthopedist for Impairment Rating and FMC for Upper/Lower Extremities is not medically necessary.

Pain Management Consultation Within the MPN for Possible LESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Epidural Steroid Injections (LESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Pain Management Consultation Within the MPN for Possible LESI is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for a lumbar epidural steroid injection radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electrodiagnostic testing. This request cannot be certified. The documentation does not reveal evidence of a clear lumbar radiculopathy. The patient has decreased sensation in numerous dermatomes. A specific level and laterality is not requested. The request for pain management consultation within the MPN for possible LESI is not medically necessary.