

Case Number:	CM15-0040989		
Date Assigned:	03/11/2015	Date of Injury:	06/24/2013
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, 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 55 year old, female patient, who sustained an industrial injury on 06/24/2013. A primary treating office visit dated 01/29/2015, reported the patient's chief complaints with constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is characterized as sharp and it radiates into the upper extremities. There are associated headaches that are migranous in nature. The pain is rated a 7 out of 10 in intensity. Physical examination found lumbar spine with palpable paravertebral muscle tenderness and spasm. The seated nerve root test is positive. The range of motion, standing flexion and extension are guarded and restricted. There is tingling and numbness in the lateral thigh, anterolateral leg and foot an L5 dermatomal pattern. There is also tingling and numbness in the posterior leg and lateral foot which is an S 1 dermatomal pattern. The following diagnoses are applied; cervical lumbar discopathy; carpal tunnel double crush syndrome and cervicgia. The treatment plan involved pending electrodiagnostics, authorization for a course of therapy and pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consult with pain management for CESI and LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no MRI or EMG reports supporting the diagnosis of active radiculopathy. MTUS guidelines do not recommend epidural injections without radiculopathy. Therefore, the request for One consult with pain management for CESI and LESI is not medically necessary.