

Case Number:	CM15-0057741		
Date Assigned:	04/02/2015	Date of Injury:	07/18/2008
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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

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 75 year old female who sustained an industrial injury on 7/18/08. The injured worker reported symptoms in the cervical spine and right upper extremity. The injured worker was diagnosed as having cervical disc disease with radiculopathy. Treatments to date have included physical therapy, anti-inflammatory medications, and oral pain medication. Currently, the injured worker complains of pain in the cervical spine and right upper extremity. The plan of care was for a pain management referral, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to pain management specialist for possible epidural steroid injections:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Pg. 127.

Decision rationale: The patient presents with diagnoses of cervical disc disease with radiculopathy. The injured worker currently complains of pain in the cervical spine and right upper extremity. The current request is for 1 referral to pain management specialist for possible epidural steroid injection. The UR report (5A) denied the referral based upon MTUS Guidelines specific to Epidural steroid injections (ESIs) and not the requested referral to a pain management specialist. The treating physician states on 3/4/15 (33B) in a barely legible hand written treating report, referral to pain management for evaluation possible ESI. Thus the appropriate guidelines to apply are specific to the treatment requested, the referral to (a) pain management specialist for evaluation of a possible ESI. If the physician's initial RFA were approved the ESI would not be approved, only the referral to a pain management specialist so that he could then evaluate the injured worker for a possible ESI. The ACOEM guidelines state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise in pain management may be required in the evaluation of a possible ESI. Therefore, the current request is medically necessary and the recommendation is for authorization of the referral.