

Case Number:	CM15-0059942		
Date Assigned:	04/06/2015	Date of Injury:	09/25/2012
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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

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 53 year old female, who sustained an industrial injury, September 25, 2012. The injured worker previously received the following treatments lumbar epidural injection, right shoulder surgery, Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, Eszopiclone, Terocin, Sumatriptan, cervical spine MRI. The injured worker was diagnosed with cervicgia, lumbago, and right shoulder pain, internal derangement of the right shoulder, status post right shoulder surgery cervical and lumbar discopathy, lumbar segmental instability and wrist pain. According to progress note of February 24, 2015, the injured workers chief complaint was right shoulder pain which was aggravated by reaching, lifting, pushing, pulling and working above the shoulder level. The pain was characterized as throbbing. The injured worker rated the pain 5 out of 10; 1 being the lowest pain and 10 being the worse pain. The back pain was constant. The pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, standing and walking multiple blocks. The cervical pain was constant and aggravated by pushing, pulling, lifting, forward reaching and working above the shoulder level. The pain was described as sharp and radiated to the upper extremities. There were associated headaches that were migraine in nature and tension between the shoulder blades. The injured worker scaled the pain at 8 out of 10. The physical exam noted palpable paravertebral muscle tenderness with spasms. Axial loading compression testing was positive. Spurling's maneuver was positive. Cervical range of motion was limited due to pain. There was numbness and tingling into the anterolateral shoulder and arm, lateral forearm and hand, which correlated with the C5-C6 dermatome pattern. The right shoulder with stiffness. The lumbar spine had palpable paravertebral muscle tenderness

with spasms. Seated straight leg testing was positive. There was guarding and restriction with flexion and extension. The treatment plan included consultation for pain specialist for cervical epidural steroid injection, on March 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management for CSEI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was evidence to suggest cervical spinal root radiculopathy suggesting a potential candidate for epidural injection. However, approval for the procedure needs to be based on the final assessment and recommendations of the pain specialist who would be performing the procedure. The referral to the pain specialist is, however, reasonable and appropriate, without the injection at this time.

Therefore, the request in its entirety including the request for epidural injection is not medically necessary.