

<b>Case Number:</b>	CM15-0080872		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 5/12/14. He reported back pain, neck pain and left arm pain. The injured worker was diagnosed as having C4-6 moderate foraminal narrowing, C3-4 spinal canal narrowing, C4-5 and C5-6 spinal cord compression, L5-S1 degenerative disc disease, left C5-6 radiculopathy, left cubital tunnel syndrome, thoracic strain, bilateral lumbar radiculopathy and bowel urgency. Treatment to date has included oral medications including opioids and activity restrictions. Currently, the injured worker complains of stabbing neck pain with intermittent numbness in left elbow and forearm to left ring and small finger and numbness in right dorsal wrist to hand and fingers; rated 4/10 with medications and 7-8/10 without medications. He also complains of low back pain with numbness radiating to bilateral upper buttocks with pain wrapping to bilateral hips and numbness radiating down anterior and posterior thighs, calves and feet; he rates the pain 4-5/10 with medications and 8-10/10 without medications. Cervical spine exam noted decreased sensation over the left C6 & C7 dermatome distribution. Lumbar spine exam noted decreased sensation over the left L5 and right S1 dermatome distribution. The treatment plan included a request for authorization for pain management consultation, cervical epidural steroid injection, and gastroenterologist, facet block at L4-5 and L5-S1 and prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management consultation and cervical epidural steroid injection: facet block at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice guidelines, Chapter 7, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

**Decision rationale:** The injured worker sustained a work related injury on 5/12/14. The medical records provided indicate the diagnosis of C4-6 moderate foraminal narrowing, C3-4 spinal canal narrowing, C4-5 and C5-6 spinal cord compression, L5-S1 degenerative disc disease, left C5-6 radiculopathy, left cubital tunnel syndrome, thoracic strain, bilateral lumbar radiculopathy and bowel urgency. Treatment to date has included oral medications including opioids and activity restrictions. The medical records provided for review do not indicate a medical necessity for Pain Management consultation and cervical epidural steroid injection: facet block at L4-5 and L5-S1. The MTUS criteria for epidural steroid injection include a documentation of radiculopathy during physical examination corroborated by either imaging or nerve studies. There was no evidence of physical findings of radiculopathy documented in the medical records. Also, the Official Disability Guidelines recommends against doing facet injection the same day as an epidural injection is done. Additionally, this guideline recommends against facet injections in the presence of radicular pain. Therefore, the request is not medically necessary.

**Gastroenterologist referral: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 5/12/14. The medical records provided indicate the diagnosis of C4-6 moderate foraminal narrowing, C3-4 spinal canal narrowing, C4-5 and C5-6 spinal cord compression, L5-S1 degenerative disc disease, left C5-6 radiculopathy, left cubital tunnel syndrome, thoracic strain, bilateral lumbar radiculopathy and bowel urgency. Treatment to date has included oral medications including opioids and activity restrictions. The medical records provided for review do not indicate a medical necessity for Gastroenterologist referral. The Medical records do not include a physical examination of the abdomen. The MTUS recommends that medical decision-making be done in the context of the information from thorough history and physical examination.

