

<b>Case Number:</b>	CM14-0133223		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old male who reported an injury due to continuous and repetitive trauma on 03/12/2014. On 07/01/2014, his diagnoses included cervical/lumbar discopathy, cervicgia, carpal tunnel/double crush syndrome, rule out internal derangement of the right shoulder, and rule out internal derangement of the bilateral hips. His complaints included frequent pain in the cervical spine and low back pain that were aggravated by repetitive motion and rated at 7/10. It was noted that he was not taking any medications. The examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasms. There was a positive axial loading compression test, positive Spurling's maneuver and a positive Palmer compression test subsequent to Phalen's maneuver. There was no evidence of instability in the examination but his range of motion was limited due to pain. The examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. He had a positive seated nerve root test. His standing flexion and extension were guarded and restricted due to pain. X-rays of the cervical spine revealed multilevel cervical spondylosis. X-rays of the lumbar spine revealed significant disc space height collapse of L5-S1 with bone on bone erosion and neural foraminal narrowing with facet hypertrophy. He had participated in 12 sessions of physical therapy with no appreciable positive results. The recommendation and rationale was to refer him to a pain management specialist for consideration for possible cervical and lumbar epidural blocks given the failure of physical therapy. A Request for Authorization dated 07/03/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult w/Pain Management for LESI/CESI: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127ODG Neck & Upper Back (updated 08/04/14) Office visitsODG Low Back (updated 07/03/14) Office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for consult with pain management for LESI/CESI is not medically necessary. The California ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidenced based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 to 6 weeks following the injection, but they do not affect the impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Following the criteria for the use of epidural steroid injection is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the condition must be initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants. Also, the injections should be performed using fluoroscopy for guidance. There is no evidence submitted that this injured worker failed trials of chiropractic, acupuncture, NSAIDs and muscle relaxants. Radiculopathy was not documented or corroborated in the submitted documentation. The clinical information submitted failed to meet the evidenced based guidelines for a referral for epidural steroid injections. Therefore, this request for consult with pain management for LESI/CESI is not medically necessary.