

Case Number:	CM14-0134769		
Date Assigned:	08/27/2014	Date of Injury:	09/23/2013
Decision Date:	09/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 58-year-old, who was struck by a truck and sustained multiple orthopedic injuries on 09/23/13. The medical records provided for review included a progress report dated 07/18/14 describing continued complaints of a traumatic head injury, left knee cruciate ligament sprain, and left hand and elbow contusion. The progress report documented that the claimant had dizziness and headaches and felt "unstable." Objective findings on examination revealed tenderness to palpation of the knee, 4/5 motor strength, pain over the parapatellar region and full range of motion. The left upper extremity examination noted limited range of motion of the left wrist and elbow. The report of a cervical MRI did not identify compressive pathology but did reveal cervical spondylosis and disc bulging. The recommendation was made for referral for anesthesia consultation for the purpose of a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for referral for consultation with anesthesia for the purpose of an epidural steroid injection cannot be recommended as medically necessary. The Chronic Pain Guidelines for epidural steroid injections recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MRI of the cervical spine does not identify the presence of compressive pathology and physical examination does not reveal any radicular findings. Electrodiagnostic studies were not included in the medical records. Presently the claimant's clinical picture does not support the need for cervical epidural injections as there is no clinical indication of compressive pathology or radicular findings on examination. Therefore, referral for consultation with anesthesia is not medically necessary.