

<b>Case Number:</b>	CM14-0146030		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 & Rehabilitation, 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 injured worker is a 64 year old male who reported a date of injury of 03/27/2009. The mechanism of injury was not indicated. The injured worker had diagnoses of cubital release of right elbow, bilateral knee pain with degenerative disc disease, history of total knee replacement, shoulder arthroscopies bilaterally with ongoing shoulder pain and a history of laminectomy with neuropathic burning pain of the right leg. Prior treatments included joint injections on 12/12/2012, 05/22/2013 and 03/10/2014 and epidural steroid injections. The injured worker had x-rays of unknown dates and an MRI on 10/18/2011 with an unofficial report indicating significant worsening from prior evaluations in 2008 with severe L4-5 spinal canal stenosis due to a combination of Anterolisthesis, large broad-based disc protrusion and facet arthropathy. The official reports were not included within the medical records received. Surgeries included laminectomy and shoulder arthroscopies of unknown dates. The injured worker had complaints of severe back pain shooting down the right leg, bilateral knee pain, shoulder pain, wrist and elbow pain rating the pain 9/10 and 4/10 with medications. The injured worker requested an epidural injection to avoid surgery. The clinical note dated 08/19/2014 noted the injured worker had a positive straight leg raise bilaterally, diminished sensation to light touch and pinprick at the right lateral calf and bottom of the foot. The range of motion in the injured worker's lower back was 30 degrees of flexion and 5 degrees of extension, ambulated with a limp of the right lower extremity. There was 1+ deep tendon reflexes at the knees and left Achilles and 5/5 strength in the lower extremities. There was tenderness to palpation of the subacromions bilaterally, positive impingement signs and crepitus on circumduction passively in the shoulders bilaterally with pain. There was tenderness to the elbows bilaterally over the medial and lateral epicondyles with positive Cozen's maneuvers; there was pain with passive range of motion in the wrists with flexion to extension and, positive Phalen's and Tinel's signs in the hands bilaterally. The injured

worker had positive Tinel's sign at the ulnar groove of the right elbow. Medications included Norco, Tramadol, Ambien, Lyrica and Celebrex. The treatment plan included the physician's recommendation for a urine drug screen, a referral for consideration of an epidural injection and refill of Tramadol, Norco, Celebrex, Lyrica, Amrix, Ambien, Senekot and Colace. The rationale was indicated for the consideration of an epidural injection for the injured to avoid surgical intervention. The request for authorization form was not included within the medical records received.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SPECIALIST REFERRAL PAIN CONSULT WITH [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS PAGE 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

**Decision rationale:** The request for a specialist referral pain consult with [REDACTED] is not medically necessary. The injured worker had complaints of severe back pain shooting down the right leg, bilateral knee pain, shoulder pain, wrist and elbow pain rating the pain 9/10 and 4/10 with medications. The injured worker requested an epidural injection to avoid surgery. The California MTUS guidelines recommend consideration of a consultation with multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the patient's condition or pain does not improve on opioids in 3 months. The guidelines recommend a consultation with a pain clinic if the patient requires opioids beyond what is usually required for the condition being treated or if the patient's pain does not improve with the use of opioids in 3 months. It is noted the injured worker has been utilizing the opioid Norco 10/325 since at least the 02/24/2014 examination; however, the injured worker states his pain was reduced from 9/10 to 4/10 with the use of the medications. Furthermore, the injured worker has not had an increase in the dose of the prescribed Norco to indicate the injured worker has not had improvements in pain, to warrant the consultation with a pain specialist. The physician recommended a referral to a pain specialist for an epidural steroid injection. The documentation indicated the injured worker has received epidural steroid injections previously; however, there is a lack of documentation indicating the level at which the prior injections were performed, as well as the efficacy of the prior injections. As such, the request is not medically necessary.