

<b>Case Number:</b>	CM14-0146236		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<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 53 year old male who reported a date of injury of 11/21/2008. The mechanism of injury was reported as a fall. The injured worker had diagnoses of musculoligamentous cervical spine sprain, 2-3 mm disc bulge at C5-6, 3-4 mm disc bulge at C6-7, disc dissection at C5-6 and C6-7, musculoligamentous lumbar spine sprain, left sacroiliitis and, pelvic fracture, both inferior pubic symphysis. Prior treatments included physical therapy, cortisone injection and chiropractic treatment. The injured worker had x-rays of the cervical spine, ribs, venous Doppler study, a MRI of the pelvis and, CT scan of the brain. Surgeries were not indicated within the medical records provided. The injured worker had complaints of constant pain and discomfort in the cervical spine that he described as an aching pain that radiated to the head, rating the pain 4/10. The injured worker indicated he felt weakness in the left wrist, intermittent pain and discomfort of the hips bilaterally with the pain rated 3/10 and, numbness sensations in the right hand and aching sensation in the lumbar spine. The clinical note dated 06/19/2014 noted the injured worker had tenderness to palpation over the cervical spine, there was pain and spasm with a normal range of motion of the cervical spine and, a positive cervical spine compression test. The injured worker had tenderness to palpation over the hips bilaterally, pain with normal range of motion in the hips and, a positive Patrick's test bilaterally. Medications included Aspirin. The treatment plan included the physician's recommendation for acupuncture treatment, cervical epidural injections, to be re-evaluated by pain management [REDACTED], to continue the use of Aspirin and, to follow up in one month. The rationale and request for authorization form were 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:

**Re-Evaluation Pain Management with [REDACTED]: 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)

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

**Decision rationale:** The request for a Re-evaluation Pain Management with [REDACTED] is not medically necessary. The injured worker had complaints of constant pain and discomfort in the cervical spine that he described as an aching pain that radiated to the head, rating the pain 4/10. The injured worker indicated he felt weakness in the left wrist, intermittent pain and discomfort of the hips bilaterally with the pain rated 3/10 and, numbness sensations in the right hand and aching sensation in the lumbar spine. The California MTUS guidelines indicate consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There is a lack of documentation the injured worker is utilizing opioid pain medications to warrant the re-evaluation with pain management. The injured worker is noted to be taking Aspirin for the management of his pain. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

**Cervical Epidural Injection with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for a cervical epidural injection with [REDACTED] is not medically necessary. The injured worker had complaints of constant pain and discomfort in the cervical spine that he described as an aching pain that radiated to the head, rating the pain 4/10. The injured worker indicated he felt weakness in the left wrist, intermittent pain and discomfort of the hips bilaterally with the pain rated 3/10 and, numbness sensations in the right hand and aching sensation in the lumbar spine. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. The guidelines state radiculopathy must be documented and corroborated with imaging studies; however, there is a lack of documentation indicating the injured worker has findings indicative of neurologic deficit upon physical examination. The requesting physician did not provide an MRI of the cervical spine for review.

Furthermore, submitted request does not indicate the level at which the injection is to be performed. As such, the request is not medically necessary.