

Case Number:	CM14-0178198		
Date Assigned:	10/31/2014	Date of Injury:	05/18/2011
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Geriatrics and is licensed to practice in New York. 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:

This is a 61-year-old male with a 5/18/2011 date of injury. He fell approximately 27 feet from a ladder. A progress reported dated 10/6/14 noted subjective complaints of neck pain radiating to the bilateral upper extremities, as well as right shoulder pain. Objective findings included decreased sensation in the right C5-C7 dermatomes. The provider requests pain management consult for CESI. There are no EMG upper extremities or MRI cervical spine available for review. Diagnostic Impression: h/o subdural hematoma on the right with cognitive disorder, lumbar spine strain with bilateral lower extremity radiculopathy and cervical strain with bilateral upper extremity radiculopathy. Treatment to Date: medication management and home exercise. A UR decision dated 10/16/14 denied the request for pain management consult with [REDACTED]. The report states that this is for a cervical epidural steroid injection. There is no documentation of any focal neurologic deficits in the upper extremities suggestive of radiculopathy. There is no mention of any MRI or EMG studies suggesting cervical nerve root compromise. This does not meet guideline criteria for cervical ESI, thus referral to a pain management specialist for that procedure is not medically necessary. It also denied the request for Lidocaine patches. There is no documentation of failure of other treatments for neuropathic pain such as an antidepressant or antiepileptic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult with [REDACTED] Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page(s) 127 and 156 and the Official Disability Guidelines (ODG) Pain Chapter-Office Visits, Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the provider report, the pain management consult is specifically for cervical ESI. CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, while there are some C5-C7 dermatomal findings, there are no MRI or EMG studies to corroborate a diagnosis of cervical radiculopathy. Cervical ESI is not supported. Therefore, the request for pain management consult with [REDACTED] is not medically necessary.

Lidocaine patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm

Decision rationale: CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, there is no evidence of a failure of a trial of first-line therapy with an anti-depressant or an anti-epileptic. Additionally, the intended location of application, number, and duration of application are not noted. Therefore the request for Lidocaine patches is not medically necessary.