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| Case Number: | CM14-0154511 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 11/15/2001 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/15/01. A utilization review determination dated 8/25/14 recommends denial of pain management evaluation for narcotic usage and weaning and epidural injection. 7/7/14 medical report identifies low back pain and new onset neck pain. Back pain is unchanged. Neck pain is described as cervicothoracic in origin. "He is having some slight radiculopathy." Epidural injection was recommended. 5/21/14 medical report from pain management notes that the patient is reporting taking Norco 3-4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with pain management for narcotic usage and weaning off: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127.

Decision rationale: Regarding the request for evaluation with pain management for narcotic usage and weaning off, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the records note that the patient was previously seen by pain management and was taking Norco. An evaluation for narcotic usage and consideration of weaning from the medication is appropriate, as patients utilizing narcotic medication should regularly be reevaluated for pain relief, functional improvement, appropriate medication usage, side effects, etc. In light of the above, the currently requested evaluation with pain management for narcotic usage and weaning off is medically necessary.

Left C4-5 epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested epidural injection is not medically necessary.

Right C4-5 epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Epidural steroid injections (ESIs) Page(s): 46.

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