

<b>Case Number:</b>	CM15-0000656		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/22/2000
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female who sustained an industrial accident on 05/22/2000. Diagnoses include persistent neck pain following C5-6 and C6-7 anterior cervical discectomy and fusion on 09/13/2001, L5-S1 disc desiccation and bulging with bilateral neural foraminal stenosis and facet syndrome, sleep disorder, right wrist overuse injury status post cervical C5-6 and C6-7 anterior cervical discectomy and fusion on 09/13/2001. Treatment to date has included medications, rest, and physical therapy. Treatment requested is for pain management consultation for lumbar epidural steroid injections and bilateral selective nerve root blocks and facet injections. The injured worker has pain in her neck, back, upper extremities and left leg. A physician progress note dated 12/04/2014 documents the injured worker rates her neck pain as 5 out of 10. She has aching pain in her low back and legs and she rates her pain a 6 out of 10. She also has burning pain in her head rated as 8 out of 10. On 12/23/2014 Utilization Review modified the request for pain management consultation for lumbar epidural steroid injections and bilateral selective nerve root blocks and facet injections to a pain management consultation citing ACOEM-Independent Medical examination and consultations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Pain management consultation for lumbar ESI, nerve root blocks and facet injections:**

Overtaken

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; 2nd Edition, (2004) ACOEM guidelines, Examinations and Consultations, chapter 7

**Decision rationale:** This patient presents with neck pain, back pain, pain in the upper extremities, and left leg pain. The treater has asked for PAIN MANAGEMENT CONSULTATION FOR LUMBAR ESI, NERVE ROOT BLOCKS AND FACET INJECTIONS on 12/4/14 . Regarding consultations, ACOEM states that the occupational 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. The patient is currently working full time per 12/4/14 report. In this case, the patient has a chronic pain condition. The treater has requested a consultation to pain management for lumbar epidural steroid injections, nerve root block, and facet injections, which has the potential to move this case forward per ACOEM guidelines. The requested consultation IS medically necessary.