

Case Number:	CM15-0019009		
Date Assigned:	02/06/2015	Date of Injury:	12/31/2012
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

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 64-year-old male who reported an injury on 12/31/2012. The mechanism of injury was not stated. The current diagnoses include headache, cervical pain, sprain of the ligaments of the cervical spine, rule out cervical disc displacement, contusion of the neck, cervical radiculopathy, sprain of the bilateral shoulders, internal derangement of the bilateral shoulders, rule out radial styloid tenosynovitis, sprain of the thoracic spine, rule out intervertebral disc displacement, lumbar sprain, sprain of the ligaments of the spine, rule out lumbar intervertebral disc displacement, lumbar radiculopathy, mood disorder, sleep disorder, and rule out Parkinson's disease. The latest physician progress report submitted for review is documented on 01/05/2015. The injured worker presented with complaints of pain over multiple areas of the body. The injured worker also reported tremors and lethargy. Upon examination, there was tenderness to palpation at the suboccipital region and over the bilateral trapezius muscles, limited cervical range of motion, tenderness at the deltopectoral groove and insertion site of the supraspinatus muscle, limited bilateral shoulder range of motion, mild swelling over the bilateral wrists, tenderness over the carpal bones and thenar eminence, limited range of motion of the bilateral wrists, slightly diminished sensation to pinprick in the C5 through T1 dermatomes, 4/5 motor weakness in the bilateral upper extremities, tenderness with spasm over the bilateral thoracic and lumbar paraspinal muscles, limited lumbar range of motion, decreased sensation to pinprick and light touch in the L4 through S1 dermatomes, 4/5 motor weakness, and 2+ deep tendon reflexes. Recommendations included continuation of the current medication

regimen and a referral to an internal medicine specialist. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for cervical/lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with a line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation provided, there was no evidence of a recent attempt at conservative treatment in the form of active rehabilitation prior to the request for a specialty referral. There was no evidence of a positive Spurling's maneuver or positive straight leg raise upon examination. The medical necessity for the pain management consultation has not been established at this time. Therefore, the request is not medically appropriate.