

<b>Case Number:</b>	CM15-0121345		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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, Pain Management

### 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 44 year old female who reported an industrial injury on 5/28/2014. Her diagnoses, and/or impressions, are noted to include: neck sprain/strain with cervical pain; radiculopathy of the right upper extremity; and shoulder impingement. No current imaging studies were noted; electrodiagnostic studies were noted done on 1/20/2015 and noted mild, acute cervical right radiculopathy. Her treatments have included acupuncture and chiropractic treatments; a panel qualified medical examination; a pain management evaluation on 1/20/2015; medication management; and a return to work with no restrictions. The primary care physician's progress notes of 12/11/2014 reported a routine follow-up visit for continued suffering from pain from large disc herniations with numbness/tingling in the right upper extremity, unrelieved by conservative measures. She reported significant, intermittent neck pain, with stiffness, spasms, and radicular symptoms, which increased with activity; bilateral shoulder pain, and bilateral hand/wrist pain with numbness; and that she is quite concerned. Objective findings were noted to include abnormal findings, which included tenderness, spasms and decreased range-of-motion in the cervical spine and right upper extremity/shoulder. The physician's requests for treatments were noted to include a pain management evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Evaluation:** Overturned

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

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

**Decision rationale:** Regarding the request for pain management evaluation, it appears that the provider intends for the patient to follow-up with pain management for cervical epidural injections. 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 patient has clinical evidence of radiculopathy corroborated by EMG despite conservative treatment. As such, follow-up with pain management for consideration of epidural steroid injection appears reasonable. In light of the above, the currently requested pain management evaluation is medically necessary.