

Case Number:	CM15-0073112		
Date Assigned:	04/23/2015	Date of Injury:	09/08/2010
Decision Date:	06/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 35 year old female, who sustained an industrial injury on September 8, 2010. She reported cervical and lumbar pain with associated upper extremity pain. The injured worker was diagnosed as having cervical pain, post-laminectomy syndrome and radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical fusion of the cervical spine, occupational therapy, medications and work restrictions. Currently, the injured worker complains of continued neck and upper extremity pain and chronic low back pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 11, 2015, revealed continued pain as noted. Cervical steroid injections and a follow up visit were requested. A 2/13/15 and 3/13/15 exam revealed normal left deep tendon reflexes, abnormal left and right arm sensory exam, weakness in both arms, decreased cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection inter-laminar qty 1: Upheld

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

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

Decision rationale: Cervical epidural steroid injection inter-laminar qty 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation is not clear that the patient has radiculopathy. Furthermore, the request does not specify a level for the injection. Therefore the request for the interlaminar injection is not medically necessary.

Follow up office visit with pain management specialist Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Follow up office visit with pain management specialist Qty 1 is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that a cervical epidural steroid injection is not medically necessary therefore the request for a follow up office visit with pain management specialist Qty 1 is not medically necessary.