

Case Number:	CM15-0096734		
Date Assigned:	05/28/2015	Date of Injury:	05/09/2012
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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 49-year-old female, who sustained an industrial injury on 05/09/2012. She has reported subsequent neck and right arm pain and was diagnosed with spinal stenosis in the cervical region. Treatment to date has included oral pain medication, physical therapy and acupuncture. In a progress note dated 04/08/2015, the injured worker complained of neck and right arm pain. Objective findings were notable for pain with flexion, extension and rotation of the neck. A request for authorization of cervical epidural steroid injection, pre-operative clearance to include a history and physical, electrocardiogram, chest x-ray and labs and pain management evaluation and treatment was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (epidural steroid injection), C5-C6, under sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical ESI (epidural steroid injection), C5-C6, under sedation is not medically necessary and appropriate.

Preoperative medical clearance to include H&P (history & physical), EKG (electrocardiogram), Chest Xrays & Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information & Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93; Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Preoperative electrocardiogram/ Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: ACOEM and MTUS are silent on internal medicine consult for pre-op clearance as it relates to this industrial injury; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any internal organ concerns nor is there any medical treatment procedure authorized (ESI not medically necessary and appropriate), hindering the recovery process of this industrial injury due to poorly controlled or treated internal medicine issues. The Preoperative medical clearance to include H&P (history & physical), EKG (electrocardiogram), Chest X-rays & Labs is not medically necessary and appropriate.

Pain Management Evaluation & Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor & Employment, 2007, pg 56.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Review indicates the pain management evaluation & treatment was modified to authorize for evaluation only. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for pain management consult for the epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. As the ESI is not indicated, thereby, the pain consult for ESI is not indicated. The Pain management consultation for epidural injections is not medically necessary and appropriate. The Pain Management Evaluation & Treatment is not medically necessary and appropriate.