

Case Number:	CM13-0041505		
Date Assigned:	12/20/2013	Date of Injury:	10/15/2010
Decision Date:	06/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/ clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 28-year-old male with a 10/15/10 date of injury. There is subjective findings of worsening pain both in his low back radiating down and in his neck. Objective findings of ROM of the cervical spine and lumbar spine is not dramatically limited. Current diagnoses are severe persistent neck and low back pain and question of cervicogenic headaches. Treatment to date include epidural steroid injection and facet injection with 50% improvement of his overall symptoms for approximately two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT L3-4, L4-5, L5-S1 AND FACET INJECTIONS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding repeat epidural steroid injections, MTUS Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to

support the medical necessity of epidural steroid injections. The Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Regarding repeat facet injections, MTUS guidelines identify documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies that if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of diagnoses of severe persistent neck and low back pain and question of cervicogenic headaches. In addition, there is documentation of epidural steroid injection and facet injection with 50% improvement of his overall symptoms for approximately two weeks. However, regarding repeat epidural steroid injections, there is no documentation of pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response. In addition, regarding facet injections, evidence based guidelines do not recommend more than one set of facet injections. Therefore, the request for epidural steroid injection at L3-4, L4-5, L5-S1 and facet injections is not medically necessary and appropriate.

MRI SCAN OF THE CERVICAL SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation DIAGNOSTIC AND TREATMENT CONSIDERATIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: MTUS/ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of severe persistent neck and low back pain and question of cervicogenic headaches. However, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Therefore, the request for MRI scan of the cervical spine is not medically necessary and appropriate.

MRI SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation DIAGNOSTIC AND TREATMENT CONSIDERATIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS/ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of severe persistent neck and low back pain and question of cervicogenic headaches. However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and consideration for surgery. Therefore, the request for MRI scan of the lumbar spine is not medically necessary and appropriate.