

Case Number:	CM13-0042504		
Date Assigned:	12/27/2013	Date of Injury:	07/02/2008
Decision Date:	11/03/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery 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/her 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:

This is a 55-year-old gentleman who injured his neck in a work-related accident on 07/02/08. The medical records provided for review identified a current clinical request dated 10/11/13 for an epidural steroid injection of the cervical spine at a non-documented level, a cervical facet joint injection at a non-documented level, and a CT scan of the cervical spine. There was no imaging reports provided for this review. The PR2 report dated 09/25/13 noted that the claimant had continued neck and low back related complaints. Specific to the neck, the claimant had pain radiating into the bilateral upper extremities. Physical examination showed a negative Spurling's Test, limited range of motion, diffuse tenderness about the upper extremities but no hyper reflexive change or long tract signals, and normal sensory examination. The PR-2 report documented that a prior cervical MRI scan showed diffuse spondylosis and a spur at the C5-6 level. The claimant was referred at that time for further epidural steroid injections, facet blocks, and a CT scan to further assess his facet arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Cervical Spine with Sagittal View (SAG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: Based on California ACOEM Guidelines, the request for a CT scan of the cervical spine is not recommended as medically necessary. Presently, there is no indication for CT work up for osseous assessment in this individual. There are no acute clinical findings or physical examination findings demonstrating the presence of a radicular process. While the claimant is noted to have facet changes, these findings are well-established on a prior MRI scan that was documented from 2010. The acute need of imaging in this individual would not be indicated.

Cervical Facet Blocks x1: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, the request for facet joint injections would not be indicated. At present, there is no documentation as to level for which the injections should be given. There is also no formal imaging available for review to demonstrate anatomical findings that would support facet joint injections in this individual with both subjective complaints of neck pain and bilateral upper extremity complaints. The isolated role of this injection treatment with no documentation of level would not be supported.

Cervical Epidural Injection x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: California MTUS Chronic Pain Guidelines would not support cervical epidural steroid injection. Presently, there is no formal documentation of radiculopathy on examination. There is no motor, sensory, or reflexive change noted at clinical assessment. This is coupled with the absence of documentation on imaging of demonstrating compressive pathology. There is no specific documentation as to what level the injection should be given. Therefore, the request in this case would not be supported as medically necessary.