MAXIMUS Federal Services

Case Number:	CM13-0064332		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2003
Decision Date:	08/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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/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:

The applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, intention tremor, chronic neck pain, and chronic elbow pain reportedly associated with an industrial injury of June 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reported diagnosis with diabetic neuropathy on the strength of earlier electrodiagnostic testing of October 25, 2012; and opioid therapy. In a Utilization Review Report dated December 2, 2013, the claims administrator apparently denied a cervical MRI and a cervical epidural steroid injection. The claims administrator state that there was no concrete evidence of radiculopathy and therefore denied the epidural steroid injection at issue. The claims administrator employed Chapter 8 ACOEM Guidelines in its decision to deny cervical MRI but did not incorporate said guidelines into its rationale. It was not clearly stated why the cervical MRI was denied. The applicant's attorney subsequently appealed.On October 31, 2013, the applicant presented with persistent complaints of low back pain radiating into the bilateral feet and persistent left elbow pain. 7/10 pain was noted, with medications. The applicant apparently had issues with depression, anxiety, and anger. The applicant was using Kadian, Dilaudid, Lyrica, Lidoderm, Lexapro, Actos, and metformin, it was acknowledged, several of which were refilled. The applicant was described as stable with stable and current palliative care. The applicant's work status was not provided.In a September 13, 2013 progress note, the applicant was described as complaining about housekeeping being denied by the claims administrator. The applicant remained, angry, depressed, and anxious. The applicant had a number of familial issues. The applicant and her attorney were apparently appealing the decision to deny housekeeping. The applicant was using a cane to move about, it was stated, and was

spending 50 to 75% of the day resting or reclined. The applicant apparently was somewhat socially isolated, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: 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: While the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do recommend cervical MRI imaging to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, there is no clear evidence of nerve root compromise associated with the cervical spine. The bulk of the applicant's symptoms pertain to the lumbar spine, lower extremities, and feet. The bulk of the applicant's complaints are seemingly a function of lumbar radiculopathy and/or superimposed peripheral neuropathy. There is comparatively little or no mention made of issues related to the cervical spine and/or upper extremities. It was further noted that the applicant's depression, anxiety, and mood disturbance further calls into question the presence of a bonafide cervical radiculopathy. No clear or compelling case has been made for the MRI study in question. Therefore, the request is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, however, there is no clear electrodiagnostic or radiographic corroboration of cervical radiculopathy here. It is further noted that the bulk of the applicant's complaints are localizable to the lumbar spine and/or lower extremities. There is comparatively little or no mention made of neck pain radiating into the arms. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks, in this case, however, the progress notes provided do not suggest the presence of any active cervical radicular symptoms which would support epidural blocks, either diagnostic or therapeutic. Therefore, the request is not medically necessary.