

Case Number:	CM13-0069877		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2010
Decision Date:	04/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 48 year old male with date of injury 8/4/10. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic lower back pain and occipital pain since the date of injury. He is status post a cervical spine surgery. The patient has been treated with medications, physical therapy and biofeedback. MRI of the cervical spine dated 08/2013 showed post surgical changes and degenerative disc disease. MRI of the lumbar spine dated 02/2011 showed degenerative joint disease at multiple levels. Objective: tenderness to palpation of the lumbar spinous processes and paraspinous lumbar musculature bilaterally; positive straight leg raise on the left; tenderness of the cervical spine and paraspinous cervical musculature with positive trigger points. Diagnoses: lumbar spinal stenosis; cervical sympathetic dysregulation. Treatment plan and request: MRI of the lumbar spine without contrast; cervical epidural steroid injection with occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with occipital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: <http://www.odg-twc.com/odgtwc/neck.htm>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: This 48 year old male has complained of lower back pain and occipital discomfort since date of injury 8/4/10. He has been treated with cervical spine surgery, medications, physical therapy and biofeedback. Per the MTUS guideline cited above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, cervical epidural corticosteroid injection with occipital nerve block is not indicated as medically necessary.

MRI without contrast, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 303-312. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: http://www.odg-twc.com/odgtwc/Low_Back.htm)

Decision rationale: This 48 year old male has complained of lower back pain and occipital discomfort since date of injury 8/4/10. He has been treated with cervical spine surgery, medications, physical therapy and biofeedback. The available medical records show a request for MRI of the lumbar spine without contrast without any documented acute changes in patient symptomatology, physical exam or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, MRI of the lumbar spine without contrast is not indicated as medically necessary.