

Case Number:	CM13-0071144		
Date Assigned:	01/08/2014	Date of Injury:	01/05/2012
Decision Date:	04/29/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation 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 patient is a 49-year-old male with date of injury of 01/05/2012. Per reports 11/07/2013, patient suffered a cumulative trauma to neck, both shoulders, elbows, hands, back, waist, hips, both legs, both knees, feet, brain, psych during the course of performing normal job duties. Present complaints include pain symptoms in the shoulder, neck, lower back, constant pain in bilateral knees, left greater than right. Listed diagnostic impressions were: Cervicalgia; Brachial neuritis/radiculitis; Cervical facet joint syndrome; Degeneration of thoracic and thoracolumbar intervertebral disk; Displacement of lumbar intervertebral disk without myelopathy; Thoracic or lumbosacral neuritis or radiculitis, unspecified; Degeneration of lumbar or lumbosacral intervertebral disk ;Lumbar facet joint hypertrophy ;Insomnia; Hypertrophic changes anteriorly, T4 to T12; Hepatitis C. MRI of the lumbar spine from 11/07/2012 was reviewed that showed 5-mm posterior disk protrusion at L5-S1, moderate hypertrophy of the facet joints at L4-L5, L5-S1. Examination showed moderate paraspinal tenderness bilaterally right greater than left at L1 to S1, but there were spinal tenderness as well in facet joints. Recommendations were "first diagnostic lumbar epidural steroid injection" at L4-L5 and L5-S1. The physician's rationale was that the patient "has a focal dermatomal radicular pain distribution". He also recommended lumbar facet joint blocks at the medial branches at L3-L4, L4-L5, and L5-S1 bilaterally, and RF ablation if the patient has greater than 70% reduction for 4 hours. A psychological evaluation was requested as well as an internal medicine clearance

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with widespread pain that covers neck, thoracic, low back, upper extremities, and the shoulders. There is a request for MRI of the lumbar spine. However, this patient has had an MRI of the lumbar spine, dated 11/09/2012, which showed disk protrusion at L5-S1 with facet arthropathies at L4-L5, L5-S1. There are no reports of new injuries, significant deterioration of neurologic symptoms, and no significant change in the clinical presentation. The treating physician does not explain why an updated MRI is needed. ACOEM Guidelines support MRIs for presence of red flags, or significant progressive deterioration of neurologic findings. MRIs are also supported per the ODG for neurologic deficits, radiculopathy, cauda equina syndrome, tumor infection, et cetera. In this case, the patient has already had an MRI, and there is no reason to repeat the MRIs given the lack of any new injury or progressive deterioration neurologically. The request is not medically necessary and appropriate

FIRST DIAGNOSTIC LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 46. Decision based on Non-MTUS Citation ODG, Lower Back Chapter

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

Decision rationale: This patient presents with widespread pain. The treating physician has asked for "diagnostic lumbar epidural steroid injections at disk levels at L4-L5, L5-S1". Although on the treatment discussion, he argues that the patient has "focal dermatomal radicular pain distribution". In this same report under present complaints of lower back, the patient "complains of constant pain in his lower back which he describes as tensed". There are descriptions of any radicular pain or radiating symptoms down the lower extremities. Furthermore, there is lack of any physical examination findings of radiculopathy. MRI showed a 5-mm disk protrusion at L5-S1, but the patient does not present with any S1 nerve distribution pain. The MTUS Chronic Pain Guidelines require a diagnosis of radiculopathy defined as pain/paresthesia in dermatomal distribution corroborated by imaging studies. In this case, the patient does not present with any radicular symptoms. The request is therefore not medically necessary and appropriate