

<b>Case Number:</b>	CM14-0158213		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 65 year old male presenting with chronic pain following a work related injury on 01/18/2008. The claimant was diagnosed with cervical pain with radiculitis, right and left shoulder pain, right and left wrist/hand pain, lumbar pain with sciatica and left knee pain. The physical exam showed tenderness in the posterior aspect of the cervical spine, right and left trapezius as well as the vertebral borders of the scapulae, reduced range of motion of the cervical spine in all planes, tenderness in the bilateral shoulders, positive impingement test in the left shoulder, reduced range of motion in the bilateral shoulders, positive Phalen's test on the right and left, tenderness in the lumbar spine, positive straight leg raise, and tenderness in the left knee. MRI of the cervical spine showed multilevel degenerative disc disease most severe at C5-6A claim was made for a cervical epidural steroid injection, an MRI of the Brain and psych follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L C5-6 Cervical Epidural Steroid Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

**Decision rationale:** L C5-6 Cervical Epidural Steroid Injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant's physical exam and imaging studies are not consistent with a left C5-6 radiculopathy; therefore, the requested procedure is not medically necessary.

**MRI with gadolinium of the head:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head and Neck Complaints, Treatment Considerations

**Decision rationale:** MRI with Gadolinium of the Head is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue consult for nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The enrollee's symptoms remain unchanged and there is no history of new trauma. There is no indication for another cervical MRI; therefore it is not medically necessary.

**Psyche follow up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Psyche follow-up is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the enrollee's presentation, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A follow-up may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The enrollee's symptoms remained unchanged. Additionally the enrollee was evaluated by a psychologist and there was not recommendation for a follow-up; therefore the requested service is not medically necessary.