Case Number:	CM14-0181711		
Date Assigned:	11/06/2014	**Date of Injury:**	07/01/2011
Decision Date:	12/11/2014	**UR Denial Date:**	10/01/2014
Priority:	Standard	**Application Received:**	11/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 48-year-old man who sustained a work-related injury on July 1, 2011. Subsequently, the patient developed with chronic neck and back pain. The patient MRI of the brain dated on January 17, 2014 demonstrated white matter changes. MRI of the cervical spine performed on July 17, 2014 demonstrated the note focal disc herniation. MRI of the lumbar spine performed on January 9, 2013 demonstrated the degenerative disc disease but no significant canal stenosis. The patient underwent left stellate block on July 23, 2014 with pain relief for 5 days. According to a progress report dated on August 11, 2014, the patient was complaining to of left shoulder pain radiating to left upper extremity. The patient was Percocet to for pain management; however, he developed constipation. The patient physical examination demonstrated the practice of sensation over his head. Abnormal sensation was noted to sit in the right C4 distribution. Deep tendon reflexes were brisk in both upper extremities. According to another report dated on September 24, 2014, the patient continued to have pain and was using oxycodone and ibuprofen. The provider's request for authorization was for a left cervical stellate block, and an MRI of thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left cervical stellate block x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sym.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks (Stellate Ganglion Block, Thoracic Sympathetic Block, & Lumbar Sympa.

Decision rationale: The MTUS guidelines states the following regarding stellate ganglion blocks (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects. Regarding lumbar sympathetic block they are recommended as follows: Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II; this block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity; for diagnostic testing, use three blocks over a 3-14 day period; for a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement; and should be followed by intensive physical therapy.(Colorado, 2002). The records indicate that the patient underwent cervical stellate block without sustained improvement. There is no documentation that the patient developed complex regional syndrome. Therefore, this request is not medically necessary.

MRI of the thoracic spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 2nd Edition (2004) Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Acupuncture Treatment Guidelines.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In addition, there should be unequivocal objective findings that identify specific nerve compromise on the neurologic examination which are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, and computed tomography [CT] for bony structures. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. However, this patient does not have any clear evidence of new thoracic nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, this request is not medically necessary.

MRI of the lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 2nd Edition (2004), Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In addition, there should be unequivocal objective findings that identify specific nerve compromise on the neurologic examination which are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, and computed tomography [CT] for bony structures. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, this request is not medically necessary. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.