

Case Number:	CM14-0087519		
Date Assigned:	07/23/2014	Date of Injury:	11/26/1999
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 neck, shoulder, knee, and low back pain reportedly associated with an industrial injury of November 26, 1999. 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; bariatric surgery; two prior knee surgeries, earlier shoulder surgery; viscosupplementation injection; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a request for cervical epidural steroid injection and epidural steroid injection. Non-MTUS ODG Guidelines were invoked to deny the cervical MRI, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In an April 28, 2014 progress note, the applicant reported persistent complaints of left upper extremity, neck, bilateral knee, left wrist, and left shoulder pain, 6/10. The applicant did have some issues with numbness and tingling, it was noted. The applicant was having difficulty performing activities of daily living as basic as cleaning, driving, and grooming, it was noted. The applicant was using Lidoderm, Percocet, Motrin, Duragesic, morphine, Protonix, and Zestril, it was stated. The applicant exhibited a positive Spurling maneuver and positive Tinel signs at the wrist with upper extremity strength in the 4- to 4/5 range. Various medications were refilled. MRI imaging of the cervical spine was sought. The applicant was permanent and stationary. The attending provider seemingly suggested that the applicant had electrodiagnostic evidence of nerve root entrapment at C5-C6. The attending provider suggested that the cervical MRI could potentially serve as a precursor to pursuit of invasive treatments such as epidural steroid injections. Electrodiagnostic testing of April 16, 2014 was notable for possible left C7 radiculopathy as well as a probable right C5 radiculopathy.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI and/or CT imaging are "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does seemingly have complaints of neck pain radiating into the arms with diminished grip strength and a positive Spurling maneuver appreciated on exam, all suggestive of a cervical radiculopathy. Similarly, electrodiagnostic testing of April 16, 2014 was also suggestive of a cervical radiculopathy at the C5 level. The attending provider has suggested that the cervical MRI in question would alter the treatment plan and could potentially lead to the applicant considering invasive treatments such as epidural steroid injections. Cervical MRI is indicated in this context. Therefore, the request is medically necessary.

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 116.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated as an option for treatment of radicular pain, preferably that which is corroborated by imaging studies and/or electrodiagnostic testing. In this case, however, there is no clear radiographic and/or electrodiagnostic corroboration of the applicant's radicular complaints. The attending provider has suggested that there may be another phenomenon present here, such as carpal tunnel syndrome as opposed to a bona fide cervical radiculopathy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, in this case, however, the attending provider did not state the block in question was intended for diagnostic effect. It is further noted that the applicant is now several years removed from the date of injury, making unlikely that diagnostic epidural injections are in fact being sought. For all of the stated reasons, then the request is not medically necessary.

