

Case Number:	CM14-0201414		
Date Assigned:	12/11/2014	Date of Injury:	04/14/2012
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive 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:

According to the records made available for review, this is a 30-year-old male with a 4/14/12 date of injury. At the time (10/9/14) of request for authorization for MRI cervical spine without contrast and bilateral cervical epidural injections at C5-6, there is documentation of subjective (neck pain radiating to right arm) and objective (pain on range of motion and decreased sensation in the C6 nerve root distribution) findings, imaging findings (MRI of the cervical spine (11/11/13) report revealed 2.5 mm non-compressive posterior central disc protrusion with normal central canal at C5-6 and a 1 mm non-compressive circumferential disc bulge at C6-7), current diagnoses (cervical spine disc degeneration), and treatment to date (medications and previous cervical epidural steroid injection). Medical reports identify that previous injections did not provide pain relief. Regarding MRI cervical spine without contrast, there is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding bilateral cervical epidural injections at C5-6, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of cervical spine disc degeneration. In addition, there is documentation of a previous cervical MRI (11/11/13). However, despite documentation of subjective (neck pain radiating to right arm) and objective (pain on range of motion and decreased sensation in the C6 nerve root distribution) findings, there is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI cervical spine without contrast is not medically necessary.

Bilateral Cervical Epidural Injections at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-

70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections.

Within the medical information available for review, there is documentation of a diagnosis of cervical spine disc degeneration. In addition, there is documentation of previous cervical epidural steroid injection. However, given documentation that that previous injections did not provide pain relief, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications and functional response following previous injection.

Therefore, based on guidelines and a review of the evidence, the request for Bilateral Cervical Epidural Injections at C5-6 is not medically necessary.