

Case Number:	CM14-0208166		
Date Assigned:	12/22/2014	Date of Injury:	05/14/2010
Decision Date:	02/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year old male with an injury date of 05/14/10. Per the 11/17/14 report the patient presents with constant neck pain radiating down the right upper extremity to the elbow, fingers, forearm, hand, shoulder and wrist. There are associated bilateral occipital headaches. The patient also presents with frequent lower back pain radiating down the lower extremities. Pain is rated 2/10 with medications and 8/10 without, and the patient states pain has recently worsened. The patient is working without restrictions. Cervical examination reveals myofascial trigger points with twitch response in the right trapezius muscle. There is tenderness upon palpation in the lumbar spinal vertebral area L5-S1 level. Tenderness on palpation is noted at the plantar forefoot bilaterally. The MRI lumbar of 05/18/12 is included and provides the following impression: 1. Multilevel degenerative disc and facet disease with mild spinal stenosis at L3-4 and L4-5. 2. Multilevel bilateral neural foraminal narrowing. 3. Bilateral lateral recess narrowing at L4-5. The patient's diagnoses include: 1. Cervical radiculitis. 2. Lumbar radiculitis. 3. Bilateral foot pain. 4. Right shoulder pain. 5. S/p right lateral femoral nerve decompression with limited results. The patient has a history of groin surgery in 2011. Prior treatments include physical therapy and chiropractic therapy that provided limited benefit. Medications have been helpful and are listed as Neurontin and Tramadol. Naprolan, Voltaren, Norco and Flexeril are discontinued. The utilization review dated 12/03/14 denied the request for TFESI due to lack of evidence of radiculopathy and unknown outcome of previous epidurals. The request for MRI cervical was denied due to lack of evidence of a red flag.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 L5-S1 Transforaminal epidural using fluoroscopy: 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), http://www.odg-twc.com/odgtwc/Low_Back.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 and 47.

Decision rationale: The patient presents with worsening constant neck pain radiating down the right upper extremity to the fingers and frequent "lower back pain radiating down the lower extremities." Pain is rated 2/10 with medications and 8/10 without. The current request is for Right L4-5 L5-S1 transforaminal epidural using fluoroscopy. The RFA is not included. The 12/03/14 utilization review states the RFA is dated 11/24/14. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. The 11/17/14 report states that the patient has failed conservative treatment including drug therapy, physical therapy and acupuncture treatment, the patient is in the diagnostic phase of ESI, and the request is for an initial injection. There is no evidence of a prior ESI lumbar for this patient in the reports provided. The patient does present with radicular symptoms from the lower back to the lower extremities. However, lumbar examination on 11/17/14 and 12/15/14 states, "Sensory exam is within normal limits bilaterally. Straight leg raise at 90 degrees sitting position is negative bilaterally." Examination findings do not support radiculopathy. The MRI of 05/18/12 shows "mild spinal stenosis at L-3-4 and L-4-5". However, the requested injection is at "L4-5, L5-S1." The 12/12/14 report requests reconsideration of the utilization review denial; however, cites cervical examination findings. The request is not medically necessary.

Physical therapy 2x4 weeks, cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99.

Decision rationale: The patient presents with worsening constant neck pain radiating down the right upper extremity to the fingers and frequent lower back pain radiating down the lower extremities. Pain is rated 2/10 with medications and 8/10 without. The current request is for Physical therapy 2x4 weeks, cervical spine. The RFA is not included. The 12/03/14 utilization review states the RFA is dated 11/24/14. MTUS pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are

recommended. The reports show the patient has received prior physical therapy that provided limited benefit. As no physical therapy treatment reports are provided, it is unclear what therapy was provided and the number and dates of the treatment. The utilization review does not indicate prior physical therapy for the cervical spine. The 11/17/14 report states, "Is being requested with plan to progress to a home exercise program per therapist's recommendations. The patient reports no prior physical therapy with requested body part." There is no evidence the patient is within a post-surgical treatment period. In this case, the patient presents with worsening back pain, there is no evidence of prior sessions for the cervical spine, and the treater seeks treatment followed by transfer to a home exercise program. The requested 8 sessions are within what is allowed by MTUS. The request is medically necessary.

MRI cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178, Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/neck.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI.

Decision rationale: The patient presents with worsening constant "neck pain radiating down the right upper extremity to the fingers" and frequent lower back pain radiating down the lower extremities. Pain is rated 2/10 with medications and 8/10 without. The current request is for MRI cervical spine without contrast. The RFA is not included. The 12/03/14 utilization review states the RFA is dated 11/24/14. ODG guidelines, Neck and Upper Back Chapter, MRI, states recommended for indications that include: Chronic neck pain following 3 months conservative treatment, normal radiographs, neurologic signs or symptoms. The 11/17/14 report states, "An MRI of the cervical spine is being requested to further evaluate the patient's persistent pain and symptoms." There is no evidence of a prior MRI cervical for this patient. In this case, symptoms include radiating pain from the neck to the right upper extremity down to the fingers, and ODG states the request is indicated for neurologic signs or symptoms. The request is medically necessary.