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| Case Number: | CM15-0000065 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 03/13/1995 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 injured worker is a 60 year old male, who sustained an industrial injury on 3/13/1995. The provider documents chronic pain related to cervical/ lumbar degenerative disease with cervical/lumbar facet syndrome and cervical/lumbar radiculopathy. IW complains of worsening LBP and leg complaints. Treatment to date includes: pain medication, multiple ESI's to cervical and lumbar spine documented as beneficial by provider, acupuncture, RFA cervical 4/9/14 with benefit documented by the provider and diagnostics noted "outdated" cervical MRI (unspecified date). The current requested treatment is for an MRI Cervical Spine w/o contrast and Bilateral Transforaminal Epidural Steroid Injections x2 (L4-L5 and L5-S1). Utilization Review dated 12/10/14 denied the requested services per CA MTUS/ACOEM Guidelines.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): (s) 177-179, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records of 9/14 document a physical exam with pain and limitations in range of motion but no red flags or indications for immediate referral or imaging. An MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. There was also a prior MRI with no report documented in the record. In the absence of physical exam evidence of red flags, an MRI of the cervical spine is not medically indicated.

Bilateral transforaminal epidural steroid injection; quantity 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 35, Postsurgical Treatment Guidelines.

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the physical exam of 9/14 does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. Bilateral transforaminal lumbar epidural injections are not medically substantiated.