

Case Number:	CM15-0146311		
Date Assigned:	08/07/2015	Date of Injury:	05/26/2010
Decision Date:	09/04/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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 & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 5-26-10. She reported pain in her cervical spine, lumbar spine, bilateral shoulders, bilateral wrists and hands and bilateral fingers after lifting a heavy object. The injured worker was diagnosed as having chronic cervical strain and chronic lumbar strain. Treatment to date has included a cervical MRI on 4-10-15, an EMG-NCV of the upper extremities on 4-7-15, an EMG-NCV of the lower extremities on 4-14-15, Norco and Lyrica. As of the PR2 dated 4-22-15, the injured worker reports continued pain in her cervical spine, lumbar spine, bilateral shoulders, bilateral wrists and hands and bilateral fingers. She reports 6-7 out 10 pains in her cervical spine that radiates to the left upper extremity. Objective findings include decreased cervical range of motion, a positive cervical compression test on the left and palpable muscular hypertonicity and tenderness. The treating physician requested a cervical epidural injection at C5-C6 and a cervical and lumbar MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current clinical, imaging, and/or electrodiagnostic studies corroborating radiculopathy at any specific level(s). In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

MRI of the cervical and lumbar 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.

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 Low Back Chapters, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for MRI, CA MTUS does not address repeat imaging. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there are no descriptions of any red flags or a significant change in symptoms/findings as outlined above to support updating the patient's imaging studies. In light of the above issues, the currently requested MRI is not medically necessary.