

Case Number:	CM15-0147203		
Date Assigned:	08/10/2015	Date of Injury:	08/31/2010
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Preventive Medicine, Occupational 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:

This 64 year old female sustained an industrial injury on 8-31-10. She subsequently reported neck and back pain. Diagnoses include cervical spine sprain and strain and lumbar spine strain with radicular complaints. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience neck and low back pain. Upon examination of the cervical spine, there is tenderness to palpation about the paracervical and trapezius musculature. There is restricted range of motion secondary to pain. Prior Cervical MRI on 10/1/13 revealed widespread spondylosis with varying degrees of central stenosis. The lumbar spine examination reveals tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets. No dermatomal changes are present. There are muscle spasms. There is restricted range of motion due to complaints of pain. A request for MRI of The Cervical Spine and L5-S1 Epidural Steroid Injection was made by the treating physician. On July 19, '15 the requesting physician stated that he would like to hold off the epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Overturned

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

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/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address the issue of repeat MRI scanning of the cervical spine. ODG Guidelines recommend limiting repeat MRI's to circumstances where there is a definitive change in an individual's condition. This individual is a legitimate exception to some of the Guideline recommendations. With the prior MRI showing areas of central stenosis and early cord impingement a repeat MRI to evaluation for possible progression or stability of this potentially devastating condition is medically reasonable.

L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: Due to their questionable benefit, the MTUS Guidelines have very specific medical criteria to qualify for epidural injections. These criteria include the presence of a clearly evident dermatomal radiculopathy. This criteria has not been met for this individual. In addition, the request lacks the necessary specificity i.e. one side or bilateral epidural injections was not specified. The request for L5-S1 epidural is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The L5-S1 epidural is not medically necessary.