

Case Number:	CM15-0160730		
Date Assigned:	08/27/2015	Date of Injury:	07/04/2000
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, 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:

The applicant is a represented 50-year-old who has filed a claim for chronic neck and hip pain reportedly associated with an industrial injury of July 4, 2000. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve requests for cervical MRI imaging and a C5-C6 cervical epidural steroid injection. The claims administrator referenced a July 3, 2015 office visit and an associated RFA form of the same date in its determination. The claims administrator contended that the applicant did not have radicular pain complaints for which an epidural steroid injection would have been indicated and also contended that there was no evidence of the applicant's having failed conservative treatment, despite the fact that the applicant was some 15 years removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. On an RFA form dated July 25, 2015, retrospective authorization for trigger point injections done in the office, cervical MRI imaging and a cervical epidural injection were sought. In an associated progress note dated July 3, 2015, the applicant reported multifocal complaints of neck, hip, low back, leg, hip, and stomach pain. The applicant had received a recent trigger point injection, it was acknowledged. The applicant was on Soma, Topamax, Percocet, Cymbalta, Zomig, Lopressor, Benadryl, Claritin, Xanax, Zocor, Synthroid, and Pepcid, it was reported. The applicant exhibited a normal gait with reportedly intact upper extremity motor function. The progress note did not make explicit mention of the need for cervical MRI imaging and/or the need for a cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the July 3, 2015 progress note was thinly and sparsely developed and did not establish the presence of nerve root complaints clearly referable to the cervical spine or upper extremities. The multifocal nature of the applicant's pain complaints, which included the hip, low back, neck, leg, stomach, etc., argued against the presence of any focal nerve root compromise referable to the cervical spine and/or the upper extremities, as were the applicant's well-preserved upper extremity motor function and normal, non-antalgic gait. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. The July 3, 2015 progress note at issue made no mention of the need for cervical MRI imaging, which was seemingly sought via an RFA form of July 25, 2015 without associated supporting commentary. Therefore, the request was not medically necessary.

Bilateral cervical ESI (epidural steroid injection) at C5-C6: Upheld

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

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

Decision rationale: Similarly, the request for a C5-C6 cervical epidural injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injections as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this position by noting that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. Here, the July 3, 2015 progress note at issue failed to furnish electrodiagnostic or radiographic corroboration of radiculopathy at the level in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the July 3, 2015 progress note did not explicitly allude to the need for the cervical epidural steroid injection at issue. It was not stated whether or not the applicant had or had not had prior cervical epidural steroid injections and, if so, what the response to the same were (if any). Therefore, the request was not medically necessary.