MAXIMUS Federal Services

Case Number:	CM15-0081980		
Date Assigned:	05/04/2015	Date of Injury:	09/18/2003
Decision Date:	06/04/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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:

This 66 year old female sustained an industrial injury on 9/18/03. She subsequently reported neck and shoulder pain. Diagnoses include neuroma and CRPS. Treatments to date include x-ray, nerve conduction and MRI testing, surgery, therapy, injections and prescription medications. The injured worker continues to experience neck, left shoulder, elbow and hand pain. Upon examination, range of motion is reduced in affected areas, positive Phalen's, Tinel's and Finkelstein were noted and left shoulder has limited range of motion with tenderness over the subacromion. A request for Epidural steroid injection at C7-T1 with depot steroids and MRI of the cervical spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C7-T1 with depot steroids: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 47.

Decision rationale: Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication that previous epidural injections had provided only 4 days of benefit, and thus criteria for repeat injection are not met. The currently requested repeat epidural steroid injection is not medically necessary.

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG stipulate that repeat studies should be reserved for a significant change in pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. However, the progress note from March 2015 indicate that rationale for repeat MRI is potential identification of surgical lesion. The patient has had multiple past MRI's (last one done in 2013) and electrodiagnostic studies which indicate radiculopathy. Given that conservative therapies with ESI, medications, and PT have not sufficed, it is reasonable to pursue another MRI with the intention of surgical intervention. The requested cervical MRI is medically necessary.