Case Number:	CM15-0125901		
Date Assigned:	07/10/2015	**Date of Injury:**	08/20/2013
Decision Date:	08/18/2015	**UR Denial Date:**	06/12/2015
Priority:	Standard	**Application Received:**	06/29/2015

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: Connecticut, California, Virginia
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 injured worker is a 36 year old female, who sustained an industrial injury on 8/20/13. The injured worker has complaints of low back pain that radiates into the lower extremities. The documentation noted that the bilateral wrist/hand and constant cervical spine pain that radiates into the upper extremities associated with headaches that are migrainous in nature as well as tension between the shoulder blades. Cervical spine examination revealed palpable paravertebral muscle tenderness with spasm and lumbar spine examination revealed palpable paravertebral muscle tenderness with spam and wrist/hand showed tenderness over the volar spect of the wrist. The diagnoses have included cervicalgia; carpal tunnel syndrome and lumbago. Treatment to date has included electromyography/nerve conduction study on 10/23/13 showed normal study of the bilateral upper extremities; exercise; hot pack; cold pack and magnetic resonance imaging (MRI) of the lumbar spine on 10/22/13 showed at L4-5, there is mild left lateral recess stenosis, there is a slight retrospondylolisthesis of L4 on L5 without spondylolysis, at L5-S1 (sacroiliac) there is mild central stenosis. The request was for magnetic resonance imaging (MRI) of the cervical spine; magnetic resonance imaging (MRI) of the thoracic spine; magnetic resonance imaging (MRI) of the lumbar spine and pain management cervical epidural steroid injection.

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: 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): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks; in this case, EMG/NCV showed essentially normal results. In this case, there is no provided indication of neurologic dysfunction that is evidential of need for MRI and therefore, per the guidelines, the request for MRI is not considered medically necessary.

MRI of the thoracic 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): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks; in this case, EMG/NCV showed essentially normal results. In this case there is no provided indication of neurologic dysfunction that is evidential of need for MRI and therefore, per the guidelines, the request for MRI is not considered medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Prior MRI results have given insight into the patient's anatomy, and there is no clinical change or red flag described to warrant repeat study. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.

Pain management CESI: 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 Injection Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications); the patient's record does not adequately reflect documented unresponsiveness to conservative modalities. If epidural injections are to be utilized as a therapeutic modality, no more than two injections are recommended, and repeat injections 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. The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without clear evidence of dermatomal radiculopathy and history of normal NCV/EMG, the request for epidural steroid injection at this time is not medically necessary.