

Case Number:	CM15-0176749		
Date Assigned:	09/17/2015	Date of Injury:	11/20/2007
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 65 year old male who sustained an industrial injury on 11-20-07. According to the medical records his is being treated for neck, left shoulder, low back and right lower extremity pain. Treatments include: medication, pool therapy, acupuncture and injections. Progress report dated 8-14-15 reports continued complaints of diffuse pain in neck, left shoulder, and low back and right lower extremity. He states the pain is typically severe without treatment on a regular basis. The pain is increased with increased activity and period of walking and is described as aching with a "lancinating" sensation. The pain is relieved by medication and various types of injection therapy. He reports the last L5-S1 TFESI gave him 70% relief for 4 months and his pain is returning. He is requesting a repeat injection. Diagnoses include: chronic pain syndrome, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, pain related to psychological factors, myalgia and myositis, cervicgia, pain in joint upper arm and shoulder, sleep disturbance. Plan of care includes: request neck MRI, left shoulder joint injection times 2 to help range of motion and reduce pain, refer to ortho for left shoulder, Right L5-S1 TFESI as mentioned above was helpful in the past, right L4-5, L5-S1 facet times 2 and probable RFA thereafter. Follow up in 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at the right L5-S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic pain syndrome; lumbosacral spondylosis without myelopathy; thoracic or lumbosacral neuritis or radiculitis NOS; myalgia and myositis NOS; cervicgia; pain in joints of the arm; pain in joint of shoulder; sleep disturbance. The date of injury is November 20, 2007. Request for authorization is August 20, 2015. The documentation shows the injured worker had a right L5- S1 transforaminal ESI March 3, 2015. According to a June 19, 2015 progress note, subjective complaints include neck pain, shoulder and back pain. There was a partial response to injection therapy. No objective functional improvement was documented. An MRI of the neck was denied. According to an August 14, 2015 progress note, the documentation indicates the injured worker had a right L5-S1 ESI with 70% improvement over four months. Subjective complaints remain the same. Objectively, there is tenderness to palpation with trigger points and spasm over the paraspinal muscle groups cervical. The neurologic evaluation states there was an abnormal Romberg. There were no additional neurologic findings involving the upper and lower extremities. There was no objective documentation of lumbar radiculopathy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with objective evidence of lumbar radiculopathy and no neurologic evaluation, lumbar epidural steroid injection at the right L5-S1 is not medically necessary.

MRI of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI of the neck is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are chronic pain syndrome; lumbosacral spondylosis without myelopathy; thoracic or lumbosacral neuritis or radiculitis NOS; myalgia and myositis NOS; cervicalgia; pain in joints of the arm; pain in joint of shoulder; sleep disturbance. The date of injury is November 20, 2007. Request for authorization is August 20, 2015. The documentation shows the injured worker had a right L5-S1 transforaminal ESI March 3, 2015. According to a June 19, 2015 progress note, subjective complaints include neck pain, shoulder and back pain. There was a partial response to injection therapy. No objective functional improvement was documented. An MRI of the neck was denied. According to an August 14, 2015 progress note, the documentation indicates the injured worker had a right L5-S1 ESI with 70% improvement over four months. Subjective complaints remain the same. Objectively, there is tenderness to palpation with trigger points and spasm over the paraspinal muscle groups cervical. The neurologic evaluation states there was an abnormal Romberg. There were no additional neurologic findings involving the upper and lower extremities. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. There are no red flags. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no neurologic evaluation of the cervical spine and upper extremities, no unequivocal objective findings that identify specific nerve compromise (on the neurologic evaluation) and no red flags, MRI of the neck is not medically necessary.