MAXIMUS Federal Services

Case Number:	CM13-0003229		
Date Assigned:	12/18/2013	Date of Injury:	11/02/2012
Decision Date:	02/27/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

[redacted] is a 42 year old man who sustained a work related injury to the cervical spine on November 2, 2012. According to the notes of [redacted] of June 12 2013 and July 10 2013, the patient was complaining of neck and upper back pain. The pain level was 6/10 aggravated by He underwent physical therapy with some relief. His physical examination demonstrated neck tenderness and reduced range of motion. His MRI of the cervical spine performed on July 9 2013 showed 2 mm disc with foraminal narrowing at C4-5, C5-6 and C6-7. The patient was treated with Tramadol, Flexeril, Relfan and Neurontin. He was diagnosed with sprains and strains of the neck and thoracic region. The provider is requesting authorization for cervical epidural injection to manage the patient pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: According to MTUS guidelines, epidural steroid injection is recommended as an option for the treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restore range of motion facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural injection is indicated when the diagnosis of radiculopathy is confirmed clinically and corroborated by imaging or electrodiagnostic testing, when there is no response to conservative treatment. In this case, there is no clear clinical evidence of cervical radiculopathy, no electrophysiology documentation of radiculopathy, limited radicular pathology on cervical MRI. He has some benefit from physical therapy and pain medication. Furthermore, the provider requested that 2 interlaminar levels to be injected whereas MTUS guidelines authorize on the injection of one interlaminar level. Therefore, the requested for interlaminar C5-6 epidural steroid injection is not medically necessary.

Cervical ESI C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: According to MTUS guidelines, epidural steroid injection is recommended as an option for the treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restore range of motion facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural injection is indicated when the diagnosis of radiculopathy is confirmed clinically and corroborated by imaging or electrodiagnostic testing, when there is no response to conservative treatment. In this case, there is no clear clinical evidence of cervical radiculopathy, no electrophysiology documentation of radiculopathy, limited radicular pathology on cervical MRI. He has some benefit from physical therapy and pain medication. Furthermore, the provider requested that 2 interlaminar levels to be injected whereas MTUS guidelines authorize on the injection of one interlaminar level. Therefore, the requested for interlaminar C6-7 epidural steroid injection is nor medically necessary.

Cervical Myelography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: As the cervical epidural steroid injection is not medically necessary, the requested cervical myelography is not medically necessary

Cervical Epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: As the requested cervical epidural injection is not medically necessary, the requested Cervical Epidurogram is not medically necessary

IV Sodium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: As the requested cervical epidural injection is not medically necessary, the request for IV sedation is not needed and is not medically necessary.