

Case Number:	CM13-0007232		
Date Assigned:	12/11/2013	Date of Injury:	09/27/2012
Decision Date:	02/03/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/05/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, reportedly associated with an industrial injury of September 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; cervical MRI imaging of January 28, 2013, notable for an annular bulge at C3-C4 with associated effacement of the thecal sac; normal electrodiagnostic testing of the upper extremities of September 9, 2013, reportedly negative for radiculopathy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 15, 2013, the claims administrator seemingly denied a cervical epidural steroid injection, cervical myelography, and cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, and IV sedation. The applicant's attorney subsequently appealed. An earlier medical-legal evaluation of September 16, 2013 is notable for comments that the applicant is Spanish speaking. The qualified medical evaluator endorsed a cervical epidural steroid injection and electrodiagnostic testing, citing equivocal evidence of radiculopathy. It is stated that the applicant should be retroactively placed on total temporary disability between the date of the injury and the date of the qualified medical reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C3-C4 and C4-C5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Guidelines, up to two diagnostic epidural steroid injections can be supported. In this case, the applicant has some signs and symptoms of an active radiculopathy. MRI imaging has likewise suggested radiculopathy, while electrodiagnostic testing is negative. A trial [diagnostic] epidural steroid injection would therefore be beneficial here, particularly as the applicant has not had prior epidural steroid injection therapy. Accordingly, the request for cervical epidural steroid injection at C3-C4 and C4-C5 is medically necessary and appropriate.

Cervical Myelography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: While the ACOEM Guidelines do state that myelography is scored at 4/4 in its ability to identify and define the suspected anatomic defects, myelography is a presurgical tool. In this case, it is not clearly stated that the applicant is a surgical candidate or would consider surgery were it offered to him. A diagnostics epidural steroid injection has been certified above, in question #1. If effective, this would potentially obviate the need for cervical myelography for preoperative planning purpose. Therefore, the request for a cervical myelography is not medically necessary and appropriate.

Cervical Epidurogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases, Blake A. Johnsona, Kurt P. Schellhasa and Steven R Polleia, <http://ww.ajnr.org/content/20/4/697.full>

Decision rationale: The MTUS does not address the topic. As noted in the Epidurography articles appearing in the American Journal of Neuroradiology (AJNR), epidurography in conjunction with an epidural steroid injection provides for safe and accurate therapy to conjunctions and it is associated with an exceedingly low frequency of untoward sequela. In this case, performing epidurography in conjunction with the epidural steroid injection certified

above, in question #1, is indicated. Therefore, the request for a cervical epidurogram is medically necessary and appropriate.

Cervical Catheter: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases, Blake A. Johnsona, Kurt P. Schellhasa and Steven R Polleia, <http://ww.ajnr.org/content/20/4/697.full>

Decision rationale: Insertion of a catheter is needed to facilitate the epidurography and epidural steroid injection certified above, in questions #1 and #2. Therefore, request for a cervical catheter is medically necessary and appropriate.

Fluoroscopic Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Guidelines, epidural steroid injections should be performed using fluoroscopy for guidance purposes. Since the epidural steroid injection has been certified above, in question #1, the associated fluoroscopic guidance is also certified. The request for fluoroscopic guidance is medically necessary and appropriate

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases, Blake A. Johnsona, Kurt P. Schellhasa and Steven R Polleia, <http://ww.ajnr.org/content/20/4/697.full>

Decision rationale: Again, the MTUS does not address the topic. As noted in the Epidurography article cited above, an epidurography can be performed safely on an outpatient and does not require sedation or special monitoring. In this case, the attending provider has not furnished any compelling rationale or narrative to the request for authorization so as to describe or detail why IV sedation will be needed here, with this particular applicant. There is, for

example, no evidence or description of the applicant having issues with pain control, which would prevent the applicant from undergoing the procedure using conventional means. No compelling case for the sedation has been established. Therefore, the request for IV sedation is not medically necessary and appropriate.