

Case Number:	CM13-0009858		
Date Assigned:	01/10/2014	Date of Injury:	01/07/2008
Decision Date:	04/02/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 41-year-old male who was injured on 1/7/2005. The patient states that on the date of injury he was wearing a shoulder and lap seat belt and was driving a company pick-up truck. While stopped at a stop sign the patient was rear-ended by a street sweeper. The patient states that he was jarred forward and was restrained by his seat belt, he felt immediate pain in his neck and back. He called and reported the injury to his employer and continued to work with pain and discomfort. The patient was initially evaluated by his primary care physician. An injection was administered for pain. X-rays of the neck and back were taken, medication was prescribed and he was taken off work for one week. The patient completed a course of physical therapy which consisted of muscle stimulation, ultra sound, massages and other modalities. The patient has received cervical epidural steroid injection at the C6-7 level on 5/22/2009. Electrodiagnostic studies were negative for radiculopathy in the neck and the lumbar region on 9/23/2009. The cervical MRI, dated 9/17/2009 reported 1mm minimal disk bulge at C5-6 and 2mm posterior disk bulge at C3-4, at all other levels there was no disk herniation. On May 14, 2010 the patient underwent lumbar fusion performed posteriorly. Postoperatively he was given a back brace which he wore for five months. He was initially treated with pool therapy and physical therapy that comprised of hot packs, cold packs, massage, ultrasound, electrical stimulation, exercises and stretching. In May 2012 low back screw removal was performed on the patient. In the most recent clinical evaluation dated 7/11/2013, reported the use of narcotics, anti-inflammatory agents, muscle relaxants and steroid injections in the past or symptomatic relieve of pain. On Examination there were tenderness and restricted cervical range of motion in all directions. Sensations were intact. Reflexes were preserved in all the upper extremities. There was no documented evidence of neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Monitored Anesthesia Care, Anesthesia/Barash, Chapter 47, Completed by Dr. Kyle Thompson

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Inject Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain (Chronic)(Updated 3/18/2014)-Epidural Steroid Injection.

Decision rationale: With respect to the request for Epidurography Anesthesia, the guideline has not been met. Both CA-MTUS and ODG guidelines stipulates that radiculopathy should be documented by physical examination and corroborated by imaging findings. However the MRI Scan as well as the electro-diagnostic studies and the clinical examination dated 7/11/2013 did not confirm that this patient has a neuropathic condition. Therefore the request for Epidurography Anesthesia which is essentially insertion of spinal epidural catheter under imaging guidance into the epidural space is not medically necessary, since the Cervical Epidural Steroid injection was not approved.

C6-C7 Cervical Epidural Steroid Injection: Upheld

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

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

Decision rationale: CA-MTUS 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. In this patient both the clinical examination and diagnostic studies did not objectively confirm that this patient has radiculopathy. The guidelines further state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Therefore the request for C6-C7 Cervical Epidural Steroid Injection is not medically necessary.