

Case Number:	CM13-0014171		
Date Assigned:	09/27/2013	Date of Injury:	06/29/2009
Decision Date:	02/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/20/2013

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 Pulmonary Diseases 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 52-year-old male, who reported an injury on 06/29/2009, after falling 24 feet and landing on his feet, resulting in an emergency T10 through L3 fusion. The patient underwent an additional fusion surgery from the C5 through the C8 levels. His most recent clinical examination findings included pain and stiffness of the neck. The patient had decreased cervical spine range of motion with diminished strength and tone due to neck pain. The patient underwent a CT scan that revealed hardware in place at C5-6 and a disc herniation at the C3-4 and C4-5 levels, without spinal stenosis or neural foraminal narrowing. The patient's diagnoses included chronic pain syndrome, pain in the knee, postlaminectomy syndrome of the lumbar spine, and postlaminectomy syndrome of the cervical spine. The patient's treatment plan included epidural steroid injections for pain control followed by a spinal cord stimulator trial if the epidural steroid injections failed to provide symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) C5-C6 QTY: 1.00: Upheld

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 Epidural steroid injections Page(s): 46.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic neck pain. The Chronic Pain Guidelines recommend epidural steroid injections for patients with radicular pain that is corroborated by physical findings and an imaging study that has failed to respond to conservative treatments. The clinical documentation submitted for review did not provide any evidence that the patient is participating in physical therapy or a home exercise program that had failed to resolve the patient's pain. Additionally, there were no recent clinical findings of radiculopathy. Also, the imaging study provided for review did not support any nerve root involvement.

Cervical transforaminal injection QTY: 1.00: Upheld

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 Epidural steroid injections Page(s): 46.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic neck pain. The Chronic Pain Guidelines recommend epidural steroid injections for patients with radicular pain that is corroborated by physical findings and an imaging study that has failed to respond to conservative treatments. The clinical documentation submitted for review did not provide any evidence that the patient is participating in physical therapy or a home exercise program that had failed to resolve the patient's pain. Additionally, there were no recent clinical findings of radiculopathy. Also, the imaging study provided for review did not support any nerve root involvement.

Cervical transforaminal injection additional level QTY: 1.00: Upheld

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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic neck pain. The Chronic Pain Guidelines recommend epidural steroid injections for patients with radicular pain that is corroborated by physical findings and an imaging study that has failed to respond to conservative treatments. The clinical documentation submitted for review did not provide any evidence that the patient is participating in physical therapy or a home exercise program that had failed to resolve the patient's pain. Additionally, there were no recent clinical findings of radiculopathy. Also, the imaging study provided for review did not support any nerve root involvement.

Epidurography QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Single view radiology exam of the spine QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Anesthesia for percutaneous image guided procedures on the spine QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.