

Case Number:	CM13-0016809		
Date Assigned:	11/06/2013	Date of Injury:	06/10/2010
Decision Date:	01/02/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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.

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 43 YO, F with a date of injury on 6/10/10. The patient's diagnoses include: discogenic disease of the cervical spine with radiculopathy involving the C6 and C7 nerve roots on the right side. The utilization review letter dated 7/29/13 noted that a previous request for cervical ESI was denied. It was noted that a report by Dr. [REDACTED], dated 2/12/12, had indicated that the patient previously underwent ESI with only moderate success. The initial injection afforded the patient pain relief for about one month and a second injection afforded the patient about two weeks' worth of pain relief. An appeal by Dr. [REDACTED] was submitted which does provided more detailed evidence to confirm the presence of radiculopathy on the right side, and this is corroborated by EMG studies. It was also reported that the patient had a 70% improvement in symptoms lasting 2 months after a cervical ESI in 2011. Exam findings on 4/26/13 showed positive Spurling's maneuver with increased neck pain on the right radiating to the right along the C6-C7 dermatomal distribution. Exam findings on 6/10/13 showed decreased sensation over the C6-C7 dermatomes. Dr. [REDACTED] also mentions that the patient recently completed a short course of PT, activity modification, and pharmacologic therapy that did not provide lasting relief. However, this seems to be at odds with Dr. [REDACTED]'s report of 2/8/13, in which it was stated "the option of cervical spine epidural injections was discussed with the patient, and she indicated that she had previously undergone such with Kaiser with only temporary benefit (5-6 days)." The EMG study by Dr. [REDACTED] dated 8/22/13 showed no electrical evidence of cervical radiculopathy or brachial plexopathy affecting C5 through T1 lower motor nerve fibers of the right upper extremity or the cervical paraspinals. The cervical MRI date 6/23/13 showed severe right foraminal narrowing with possible impingement upon the exiting right C6 nerve root at C5-6 and moderate to severe bila

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: The utilization review letter dated 7/29/13 noted that a previous request for cervical ESI was denied. It was noted that a report by Dr. [REDACTED] dated 2/12/12, had indicated that the patient previously underwent ESI with only moderate success. The initial injection afforded the patient pain relief for about one month and a second injection afforded the patient about two weeks' worth of pain relief. An appeal by Dr. [REDACTED] was submitted which does provide more detailed evidence to confirm the presence of radiculopathy on the right side, and this is corroborated by EMG studies. It was also reported that the patient had a 70% improvement in symptoms lasting 2 months after a cervical ESI in 2011. Exam findings on 4/26/13 showed positive Spurling's maneuver with increased neck pain on the right radiating to the right along the C6-C7 dermatomal distribution. Exam findings on 6/10/13 showed decreased sensation over the C6-C7 dermatomes. Dr. [REDACTED] also mentions that the patient recently completed a short course of PT, activity modification, and pharmacologic therapy that did not provide lasting relief. However, this seems to be at odds with Dr. [REDACTED]'s report of 2/8/13, in which it was stated "the option of cervical spine epidural injections was discussed with the patient, and she indicated that she had previously undergone such with Kaiser with only temporary benefit (5-6 days)." The EMG study by Dr. [REDACTED] dated 8/22/13 showed no electrical evidence of cervical radiculopathy or brachial plexopathy affecting C5 through T1 lower motor nerve fibers of the right upper extremity or the cervical paraspinals. The cervical MRI date 6/23/13 showed severe right foraminal narrowing with possible impingement upon the exiting right C6 nerve root at C5-6 and moderate to severe bilateral foraminal narrowing which may impinge upon the exiting C7 nerve roots at C6-7. MTUS pg. 46,47 states "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 six to eight weeks." It appears that the patient did not receive 6-8 weeks of at least 50% pain relief and recent MRI/exam findings do not indicate a new diagnosis or a change in symptoms that would support the requested cervical ESI. Recommendation is for denial. The request for epidural steroid injection for the cervical spine is not medically necessary and appropriate.

Orphenadrine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 47.

Decision rationale: The progress report dated 7/23/13 by Dr. [REDACTED] noted that the patient was taking Norflex 2 a day in addition to 3-4 Norco a day which helped decrease pain from 7/10 to 3-4/10 and helped with performing ADLs with less pain. The progress report dated 2/7/13 noted that the patient was taking the same medications. MTUS pg.63 recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. It appears that the patient has been on long term therapy going back 5 months with the requested muscle relaxant which is not supported by the guideline noted above. Recommendation is for denial. The request for Orphenadrine is not medically necessary and appropriate.