

Case Number:	CM13-0025611		
Date Assigned:	11/20/2013	Date of Injury:	01/05/2010
Decision Date:	02/05/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain, wrist pain, and hand pain reportedly associated with industrial injury of January 5, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; electro-diagnostic testing of April 4, 2010, interpreted as negative for a cervical radiculopathy; a cervical discectomy and fusion surgery at C4-C5, C5-C6, and C6-C7 on October 17, 2011; and extensive periods of time off of work. In a utilization review report of August 29, 2013, the claims administrator certified one epidural steroid injection, fluoroscopic guidance, IV sedation, and a cervical catheter while non-certifying two additional levels, cervical myelography, and a cervical epidurogram. The applicant's attorney later appealed. An earlier progress note of August 9, 2013 is notable for comments that the applicant reports persistent neck pain with numbness and tingling about the digits of the hands. The applicant is apparently no longer working as a custodian. She has moderate depression and anxiety, it is further noted. Limited cervical range of motion is noted with a well-healed cervical scar noted. There was some sensory deficits appreciated about the upper extremity while the motor exam is non-focal, it is stated. It is stated that the applicant should pursue a cervical epidural steroid injection and employ Norco, Relafen, and gabapentin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Each additional level QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,127.

Decision rationale: As noted on the page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, no more than two levels should be blockaded during an epidural steroid injection, whether or not diagnostic or therapeutic block is sought. In this case, the claims administrator previously certified the injection at one level. Certifying an additional two levels would result in a three level blockade. This is not recommended, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines.

Cervical myelography QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 8 table 8-7, myelography is scored at 4/4 in its ability to identify and define a suspected anatomic defect. It is noted, however, that the risk of complications with myelography is the greatest of any diagnostic procedure. In this case, the attending provider did not clearly state that the applicant is considering or is a candidate for further spine surgery. It is unclear why the proposed myelography is being sought here. If the applicant is not a candidate for a spine surgery, then the testing is superfluous. It is further noted that an epidural steroid injection was certified by the claims administrator. It will be more appropriate to gauge the applicant's response to the same before concomitant myelography is sought.

Cervical Epidurogram QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ajnr.org/content/20/4/697.full#cite>-by

Decision rationale: The MTUS did not address the topic. As noted in the American Journal of Neuroradiology (AJNR), an epidurogram in conjunction with epidural steroid injection provides for safe and accurate therapeutic injections. In this case, performing an epidurogram in conjunction with the epidural injection was indicated, for appropriate targeting of the levels in question. Therefore, the request is retrospectively certified.