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| <b>Case Number:</b>   | CM13-0029037 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 05/30/2003 |
| <b>Decision Date:</b> | 05/21/2014   | <b>UR Denial Date:</b>       | 09/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant is a 54-year-old female who was injured in a work related accident on May 30, 2003. Specific to the cervical spine, there are current records including a September 9, 2013 progress report indicating ongoing complaints of pain about the neck with right greater than left arm pain. She describes weakness. Physical exam showed restricted range of motion with equal and symmetric reflexes bilaterally, full strength to the upper extremities bilaterally, and no documentation of sensory deficit. Conservative care has included medication management, therapy and prior epidural steroid injections. There is documentation of previous epidural injections dating back to 2010. Clinical imaging provided for review includes a prior electrodiagnostic study of September 12, 2012 showing no evidence of a radicular process. A previous MRI from January of 2011 showed multilevel disc protrusion from C3-4 through C5-6. There is no documentation of C7-T1 level findings. At present, there is a request for a right C7-T1 translaminar epidural injection with use of fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT C7-T1 TRANSLAMINAR EPIDURAL INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines epidural steroid injections.

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

**Decision rationale:** Current clinical records do not support radicular findings on examination as there is no documentation of sensory, motor and reflex changes. This is taking into account the claimant's 2011 cervical MRI that also does not demonstrate specific compressive pathology at the C7-T1 level as well as September 2012 electrodiagnostic studies that failed to demonstrate an acute radicular process. Guidelines clearly indicate that radiculopathy must be documented by both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The absence of the above would fail to support a medical necessity for the requested procedure. The request is not medically necessary and appropriate.

**ONE (1) INDWELLING CATHETER PLACEMENT FOR CONTINUOUS INFUSION OR INTERMITTENT BOLUS OF DIAGNOSTIC OR THERAPEUT:** 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.

**EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION:**  
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

**FLUOROSCOPY:** 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 PROCEDURE ON CERVICAL SPINE AND CORD:** 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.