

Case Number:	CM13-0032325		
Date Assigned:	12/11/2013	Date of Injury:	12/17/1996
Decision Date:	05/16/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 Pain Management, 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 56 year old male who was injured on 12/17/1996 while lifting wood debris out of a flood control channel. Prior treatment history has included Remeron, Prozac 60 mg, Pamelor 100 mg, and Neurontin; Xeomin injections, Valium, heat, TENS unit, and Prilosec 20 mg; omeprazole and spinal cord stimulator trial. Diagnostic studies reviewed include MR angiogram of the cervical vessels from 04/25/2012 revealed a normal MRA of the cervical vessels with limited vascularization of the origins due to the patient's size and motion artifact. EMG of bilateral upper extremities dated 11/30/2011 revealed moderate severity and bilateral carpal tunnel syndrome. There was no definitive evidence of radial or ulnar neuropathy or brachial plexopathy in either upper extremity. It was a normal EMG of the bilateral lower extremities. MRI of the cervical spine dated 10/14/2011 demonstrated no change since previous study, solid fusion at C5-C6. There were mild degenerative disc changes at C4-C5 with anterior osteophytes, but no significant posterior pathology or stenosis. At C7-T1, there was 1 to 2 mm of posterior disc bulging with possible mild left foraminal encroachment. EMG dated 04/06/2010 revealed findings most consistent with a sensory polyneuropathy and sensory motor polyneuropathy. PR2 dated 11/15/2013 indicated the patient to have complaints of neck and back pain. The patient rated his neck and back pain at 9/10. He reported numbness and tingling down the left leg, down to the foot as well as radiation of pain and numbness down both arms, down to the hands. Objective findings on exam revealed mid line surgical site was well-healed without any signs of infection. Range of motion of the cervical and lumbar spines was decreased throughout. He had decreased left C6, C7, and C8 dermatomes; a 4+/5 left deltoid, wrist extension and wrist flexion; sensation was intact in bilateral lower extremities.; 5-/5 bilateral psoas, quadriceps, and hamstrings. The rest was 5/5 in the upper and lower extremities; Holman's was negative bilaterally. He did have 1+ pitting edema into the bilateral lower extremities. The DP and PT

were palpable and equal bilaterally. The patient was diagnosed with status post C5-C6 fusions, herniated nucleus pulposus (HNPs) of the cervical spine, HNPs of the thoracic spine, HNPs of the lumbar spine, and status post multiple lumbar surgeries. The following treatment plan was requested for authorization: pain management follow-ups with [REDACTED]; permanent spinal cord stimulator; Neurology follow-ups with [REDACTED]; pain psychological follow-ups with [REDACTED]; interlaminar epidural injection at C7-T1, medications as outlined above. The patient was instructed to follow-up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT INTERLAMINAR EPIDURAL STEROID INJECTION AT C7-T1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

Decision rationale: The MTUS Chronic Pain treatment guidelines indicate the purpose of ESIs 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. Guidelines also relate insufficient evidence to make any recommendation for the use of ESI to treat radicular cervical pain. The medical records document prior surgical fusion of C5-6 in October 2003 with revision in February 2005. Further, the records relate the request for ESI procedure is based on its ability to provide diagnostic properties and therapeutic benefit, however, such is not considered within the guidelines criteria for the cervical spine. Based on the MTUS Chronic Pain treatment guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.