

Case Number:	CM13-0032926		
Date Assigned:	12/06/2013	Date of Injury:	03/19/2007
Decision Date:	02/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 worked as a truck driver. He began working there in 1999. The patient noted he was able to do his job without specific difficulties from the time he started up until 2000 when he began having numbness and tingling in his hands. He did not report this as a work injury but did go to his private doctor. MRI scans of both shoulders were done showing bursitis. He described a specific injury in 2002 when a pallet came loose on his flat bed and pinned him against the steering wheel. He indicated he injured his neck at the time. He did not report that as an injury or seek any care at that time. Records indicate that in 2004 he sought care. He indicated a six-month history of increased neck and shoulder pain without any injury. The patient indicated his neck and shoulder pain slowly worsened due to his work activities. His job does involve repetitive use of the upper extremities over shoulder level. He did continue to complain of numbness and tingling in the upper extremities. Nerve tests done in 2004 were negative. An MRI scan of the cervical spine did show 3-4 mm disc bulging at C3-4 with some stenosis. The patient did continue working. He was treated throughout 2005 by [REDACTED] a rheumatologist. He was diagnosed with discoid lupus. He was placed on multiple medications including prednisone, methotrexate, and Plaquenil. The patient described another injury in January of 2007 when he fell against the side of his truck injuring his neck and shoulder. A repeat MRI scan done in February of 2007 of the cervical spine showed significant progression when compared to prior images from October of 1998. A disc protrusion of 3-4 mm was noted at C5-6 which was not reported to be present in 1998. The disc at C3-4 was 4-5 mm with some compression of the spinal cord. There was moderate-severe stenosis of the cervical spine. Surgery was done in March of 2007 at C3-4 and C5-6. Surgery did not significantly change the patient's symptoms. A diagnosis of degenerative disc dis

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection under fluoroscopic guidance & interpretation of films (CPT codes 62310, 77003, 77240, 62310): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: This patient is 62 years old with a history of bilateral upper extremity pain and who according to the progress note dated 8/22/13 by [REDACTED], was diagnosed with a history of multiple level cervical decompression and fusion, multiple level cervical foraminal stenosis, bilateral cervical radicular pain, and persistent cervicothoracic spinal pain. The patient had cervical selective nerve root blocks several times in the past and most recently about five months ago. These provided significant temporary improvement. There is no documentation of how much pain relief was obtained and how long it lasted. Also, there is no documentation of any functional improvement or reduction of pain medication need. Therefore the request for Cervical Epidural Injection under fluoroscopic guidance and interpretation of films is not medically necessary.

Follow-up Office Visit Post Injection (CPT code 99213): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

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.