

Case Number:	CM13-0033537		
Date Assigned:	01/31/2014	Date of Injury:	09/02/1999
Decision Date:	04/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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:

This patient is a 63-year-old female with a date of injury of 09/02/1999. The listed diagnoses per [REDACTED] are: 1. Degeneration of cervical intervertebral disk. 2. Cervicalgia. 3. Persistent disorder of initiating or maintaining sleep. 4. Myalgia and myositis. 5. Rheumatoid arthritis. 6. Reflux esophagitis. According to report dated 09/12/2013 by [REDACTED], the patient presents for a pain management follow-up. The patient reports low back and neck pain that radiates to the buttocks, to the feet, and down both arms and hands. Patient states cervical pain is worse than lumbar pain. The pain is noted as sharp, tingling, aching, radiating with weakness in the left hand. It is noted that patient had a previous epidural to the cervical spine dated 04/22/2004, which produced "significant benefit". The pain relief was noted as "months of pain reduction and improved function/ADL". Examination of the cervical spine reveals tenderness of the paracervicals, the scalene muscle, the sternocleidomastoid, and the trapezius. Patient also notes anterior lower cervical trigger point pain and trapezius trigger point pain. The patient guards to avoid full ROM. Spurling's test is positive with pain and numbness along medial humerus to medial epicondyle. Treater is requesting a cervical ESI given the patient's description of months' benefit and reduced pain/improved function from past ESI. The treater further states, the patient has cervical pain with bilateral upper extremity radicular pain that is "non-dermatomal". MRI report dated 04/19/2012 revealed multilevel disk dissection, loss of space height, endplate osteophytes, and mild endplate marrow degenerative changes, disk herniations at C3-C4, C4-C5, C5-C6, and C6-C7 with largest effect at C5-C6. The treater states, "This would be my target with an epidural catheter and is consistent with her positive Spurling's on the left side."

IMR ISSUES, DECISIONS AND RATIONALES

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

A cervical epidural steroid injection (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, Page(s): 46-47.

Decision rationale: This patient presents with continued neck and back pain. The treater is requesting a cervical epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "recommended as an option for treatment of radicular pain." For repeat injections during the therapeutic phase, Final Determination Letter for IMR Case Number [REDACTED] 4 "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." MRI dated 04/19/2012 revealed disk herniations at C3-C4, C4-C5, C5-C6, and C6-C7 with largest effect at C5-C6. The treater states, "this would be my target with an epidural catheter and is consistent with her positive Spurling's on the left side." The medical file provided for review includes four progress reports, the Utilization decision and a Request for Authorization. None of these reports specifically specify the level in which the Epidural Steroid Injection is being requested for. The treater in multiple reports reference a prior ESI that had produced significant relief and the prior prior injection level is noted to be at T1/2. The Request for Authorization and Utilization Review (UR) reference "cervical spine" with no specific levels but the treater intends to use a catheter with target at C5-6. In this request, there are no prior injection report and subsequent progress reports to verify how much benefit the patient experienced. Furthermore, the patient has diffuse pain into both arms without a specific dermatomal distribution of pain/paresthesia as required for a diagnosis of radiculopathy. MRI shows a number of disc herniations at multiple levels but does not corroborate a specific radiculopathy. Examination findings do not show myotomal or dermatomal deficits at specific levels either. Cervical epidural steroid injection (ESI) is not medically necessary and appropriate.