

Case Number:	CM13-0039220		
Date Assigned:	06/09/2014	Date of Injury:	09/28/2001
Decision Date:	10/15/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family 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 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 is a 68-year-old female who reported an industrial injury on 9/28/2001, over 13 years ago, attributed to the performance of her usual and customary job tasks. The patient has been treated for the diagnoses of cervical spine DDD; RSD (CRPS); cervicgia; brachial neuritis or radiculitis. The MRI of the cervical spine documented status post anterior fusion at the C5-C6 level with disc bulges at the C3-C4 and C6-C7 levels. The patient was noted to received two prior cervical spine ESI's for the effects of the industrial injury. The patient complains of cervical spine pain radiating to the upper back and shoulders with hand pain on the right. It was noted from the medical record that the patient had a cerebral spinal fluid leak from a prior cervical steroid injection. The patient has diagnosis of carpal tunnel syndrome with a prior left CTR. The objective findings on examination documented that the sensation was intact throughout and recommended a third cervical spine Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORMINAL CERVICAL EPIDURAL STEROID INJECTION WITH CATHETER C4-5 WITH EPIDUROGRAPHY, RADIOLOGY, ANESTHESIA: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175 179-80; 300; Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section neck and upper back chapter epidural steroid injections

Decision rationale: The request for the cervical spine Epidural Steroid Injection is inconsistent with the recommendations of evidence-based guidelines, as the patient is not documented to have objective findings consistent with a nerve impingement radiculopathy. The MRI of the cervical spine demonstrated only cervical spine DDD and no signs of a nerve impingement radiculopathy. There are no recommendations for a cervical ESI as for degenerative disc disease. The MRI of the cervical spine does not demonstrate a nerve impingement radiculopathy. There is no Electrodiagnostic evidence of a progressive radiculopathy. The patient is also noted to have had two prior cervical spine ESI's with no demonstrated sustained functional improvement. The requesting provider is not documented the criteria necessary for repeated cervical spine ESI's. The California MTUS recommends no more than two cervical spine ESI's for an industrial injury. There was no objective evidence provided by the requesting provider to support the medical necessity of the requested cervical epidural injection for the treatment of chronic neck and UE pain or the stated subjective radiculopathy. There were no documented objective findings consistent with a radiculopathy on physical examination as the neurological status of the patient was intact. The patient was not reported to have documented specific neurological deficits over a dermatome distribution. The patient does not meet the criteria recommended by the CA MTUS for cervical ESIs as the treatment is directed to cervical spine for DDD. The use of cervical ESIs for chronic cervical pain or for cervical spine DDD is not recommended by evidence based guidelines. There is no impending surgical intervention being contemplated and the patient has requested conservative treatment. The patient is noted to be eight (8) years status post date of injury with no contemplated surgical intervention for the cervical spine. The provider did not provide sufficient clinical documentation in the form of subjective/ objective findings on physical examination to support the medical necessity of the prescribed Cervical ESIs in relation to the reported industrial injury. The ACOEM Guidelines state that Cervical ESIs are of "uncertain benefit" and should be reserved for those patients attempting to avoid surgical intervention to the cervical spine. The Official Disability Guidelines state that there is insufficient evidence to treat cervical radiculopathy pain with ESIs. There is no objective evidence provided to support the medical necessity of the requested cervical ESI.