

Case Number:	CM13-0050128		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2010
Decision Date:	03/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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 and Rehabilitation, 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 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 58-year-old female with date of injury on 03/17/2010. The progress report dated 11/20/2013 by [REDACTED] indicates that the patient's diagnoses include neck pain, stenosis, spinal lumbar, varpal tunnel syndrome and status post left shoulder arthroscopy on 10/21/2011, status post left knee arthroscopy on 2010, status post knee replacement, April 2011. The patient presents with continuation of neck and low back pain. The records indicate that the patient had a bilateral upper extremity EMG dated 10/08/2010 which showed findings suggestive, but not diagnostic, of left C6-C7 radiculopathy. The examination of the cervical spine revealed tenderness to palpation of the paraspinous muscles with associated muscle tension bilaterally, decreased of range of motion. The reflexes are 2+ and equal at the biceps, triceps, and brachioradialis. There was decreased sensation to pinprick along the C7 dermatome on the left. There was decreased grip strength in the left, otherwise, 5/5 strength in the upper extremities. There was a request for cervical epidural steroid injection which was denied by utilization review dated 11/04/2013. The treating physician indicates that the patient has previously undergone cervical epidural steroid injections in November of 2012 and May of 2012 which gave the patient about 50% improvement in pain lasting about 4 months. She had improvement in range of motion in the neck and also improved lifting tolerance with these injections. This helped her to tolerate her work duties much better. The progress report dated 10/23/2013 indicates the patient reported having increased pain in the neck and down into the left arm along with numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI at C6-7: Overturned

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

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

Decision rationale: The records indicate that the patient continues with neck pain with associated pain down into the left arm along with numbness and tingling. The exam findings indicate decreased grip strength in the left as well as decreased sensation of the C7 dermatome. The patient has suggestion of radiculopathy on EMG testing from 10/08/2010. The treating physician indicates the patient has had 2 prior epidural steroid injections in May of 2012 as well as November of 2012 which provided the patient with approximately 50% improvement for about 4 months at a time, which allowed the patient to have improved function and greater ability to perform work duties. The California MTUS Guidelines page 46 and 47 regarding epidural steroid injections require radiculopathy to be documented by physical examination and corroborated by imaging studies. The California MTUS further states that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The records appear to indicate the patient has had successful epidural injections in the cervical spine in the past with improved function for greater than 6 to 8 weeks. The request for repeat injection appears to be reasonable. Therefore, authorization is recommended.

Cervical epidurogram insertion of cervical catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information

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

Decision rationale: This is part of the epidural injection procedure. The epidural injection was recommended for authorization. However, there is no need for insertion of catheter or epidurogram that the provider would like to charge separately. C-ESI's are performed under fluoroscopic guidance and a small amount of dye is used to check for epidural placement of the needle. Epidurogram is not required. There are no guidelines that support the use of catheter either. Recommendation is for denial.

Cervical myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information

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

Decision rationale: The cervical myelography is not required as part of cervical epidural injection. Myelography or myelogram is a diagnostic tool couple with a CT scan. There is no need to perform myelogram for an ESI. There are no guidelines that discuss the need for a myelogram when performing an ESI. Recommendation is for denial.