MAXIMUS Federal Services

Case Number:	CM13-0055055		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2011
Decision Date:	04/09/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 49-year-old female with a date of injury of 03/03/2011. The listed diagnoses per the provider are: cervical disc displacement without myelopathy and pain in joint-shoulder. According to report dated 08/13/13 by the provider, the patient presents with continued pain in her neck with radiation into the left upper extremity. The provider reviewed magnetic resonance imaging (MRI) report dated 07/06/2011, which shows a left C6-7 disc protrusion. The provider states that the patient symptoms are in the C7 distribution and she also has numbness and tingling along the C7 distribution on the left" and requests an epidural spinal injection (ESI) with catheter, fluoroscopic guidance and intravenous (IV) sedation. The provider also requests a cervical myelography and epidurogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical myelography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with continued pain in her neck with radiation into the left upper extremity. The provider is requesting a cervical myelography. The MTUS and ACOEM guidelines do not discuss myelography; however, the Official Disability Guidelines (ODG) guidelines have the following regarding computed tomography (CT) scan of the C-spine: "not recommended except for following indications: suspected cervical spine trauma or known cervical trauma with severe pain and equivocal or positive plain films." In this case, the provider does not discussion his concerns of any trauma to the patient's cervical spine. The provider may have asked for this in conjuction with epidural spinal injection (ESI). Myelography is not required for an ESI. None of the guidelines discuss myelography with ESI. The recommendation is for denial.

Cervical epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with continued pain in her neck with radiation into the left upper extremity. The provider is requesting a cervical epidural spinal injection (ESI) and epidurogram. The MTUS guidelines recommend ESI as an option "for treatment of radicular pain defined as pain in dermatomal distribution with collaborating findings on imaging studies." For repeat injection during therapeutic phase, "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". In this case, the medical records reveal this patient underwent and ESI to level C5-6 on 04/03/2012. Following progress report dated 04/10/2012 states the patient "notes not benefit from the injections yet. She notes no improvement in her upper extremity pain. She notes that the pain in between her shoulder blades is amplified." The MTUS requires functional improvement of at least 50% pain relief to warrant repeat injections. Given the patient does not meet the criteria for a repeat cervical ESI, the request for a cervical epidurogram is not warranted and recommendation is for denial.

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 Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with continued pain in her neck with radiation into the left upper extremity. The provider is requesting a cervical epidural spinal injection (ESI),

catheter, fluoroscopic guidance and IV sedation. The MTUS guidelines recommend ESI as an option "for treatment of radicular pain defined as pain in dermatomal distribution with collaborating findings on imaging studies." For repeat injection during therapeutic phase, "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". In this case, the medical records reveal this patient underwent and ESI to level C6-6 on 04/03/2012. Following progress report dated 04/10/2012 states the patient "notes not benefit from the injections yet. She notes no improvement in her upper extremity pain. She notes that the pain in between her shoulder blades is amplified." The MTUS requires functional improvement of at least 50% pain relief to warrant repeat injections. Given the patient does not meet the criteria for a repeat cervical ESI, the catheter, fluoroscopic guidance and intravenous (IV) sedation for the ESI is not recommended.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with continued pain in her neck with radiation into the left upper extremity. The provider is requesting a cervical epidural spinal injection (ESI), catheter, fluoroscopic guidance and IV sedation. The MTUS guidelines recommend ESI as an option "for treatment of radicular pain defined as pain in dermatomal distribution with collaborating findings on imaging studies." For repeat injection during therapeutic phase, "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". In this case, the medical records reveal this patient underwent and ESI to level C6-6 on 04/03/2012. Following progress report dated 04/10/2012 states the patient"notes not benefit from the injections yet. She notes no improvement in her upper extremity pain. She notes that the pain in between her shoulder blades is amplified." The MTUS requires functional improvement of at least 50% pain relief to warrant repeat injections. Given the patient does not meet the criteria for a repeat cervical ESI, the catheter, fluoroscopic guidance and IV sedation for the ESI is not recommended.

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with continued pain in her neck with radiation into the left upper extremity. The provider is requesting a cervical epidural steroid injection (ESI). The MTUS guidelines recommend ESI as an option "for treatment of radicular pain defined as pain in dermatomal distribution with collaborating findings on imaging studies." For repeat injection during therapeutic phase, "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". In this case, the medical records reveal this patient underwent and ESI to level C5-6 on 04/03/2012. Following progress report dated 04/10/2012 states the patient "notes no benefit from the injections yet. She notes no improvement in her upper extremity pain. She notes that the pain in between her shoulder blades is amplified." The MTUS requires functional improvement, medication reduction and at least 50% pain relief to warrant repeat injections. The recommendation is for denial.