MAXIMUS Federal Services

Case Number:	CM13-0062383		
Date Assigned:	03/31/2014	Date of Injury:	08/03/2001
Decision Date:	05/08/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/06/2013

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, 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 64-year-old female with date of injury of 08/03/2001. Listed diagnoses per [redacted] are: 1. Cervical radiculitis. 2. Cervical radiculopathy. 3. Lumbar radiculopathy. 4. Headaches. 5. Myositis/myalgia. 6. Complex regional pain syndrome left upper extremity. 7. Chronic pain. 8. Generalized pain. 9. Depression. 10. Diabetes mellitus. 11. Hypertension. 12. Occipital neuralgia. According to report dated 10/16/2013 by [redacted], the patient presents with neck pain that radiates to the bilateral upper extremities and low back pain that radiates to the bilateral lower extremities. Patient's pain is rated as 8/10 in intensity with medication and 9/10 without medication. Examination of the cervical spine revealed no gross abnormality. Spinal vertebral tenderness was noted in the cervical spine C4 to C7. Physical examination findings from 09/04/2013 have the same examination reporting. MRI of the cervical spine from 10/24/2011 revealed C3-C4 and C4-5 had 3 to 4-mm posterior disk protrusion flattening the dural sac. The treater is requesting a diagnostic cervical epidural steroid injection at bilateral levels C3 to C5. The treater in an appeal letter dated 12/02/2013 argued that the patient showed remarkable physical examination with a diagnosis of cervical radiculopathy. The treater goes on to state cervical examination showed tenderness in the spinal vertebral C4 to C7 levels and decreased sensation in both upper extremities and with the right C5 dermatome affected.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTIONS AT BILATERAL LEVEL C3-5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of Epidural steroid injections, diagnostic.

Decision rationale: This patient presents with neck pain that radiates to the bilateral upper extremities. The treater is requesting a cervical diagnostic injection at level C3 to C5. The MTUS Guidelines page 46 and 47 recommends "ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." This request is for "diagnostic" cervical ESI at 6 levels, 3 level each side. ODG guidelines states that diagnostic ESI can help evaluate a pain generator when physical signs and symptoms differ from imaging studies; to help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive; etc. In this case, the patient does not present with "dermatomal" distribution of pain to suspect radiculopathy. The patient has diffuse, non-specific pain into both arms. Finally, nerve blocks/diagnostic blocks and transforaminal injections are not recommended at more than two levels. The current request is for three levels bilaterally. Recommendation is for denial.