

Case Number:	CM13-0065888		
Date Assigned:	01/03/2014	Date of Injury:	05/16/1989
Decision Date:	05/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 59-year old male who sustained injury on 05/16/1989 to his neck and lower back. Treatment history includes physical therapy, medications, cervical fusion, lumbar injections, and cervical ESI on 09/20/2010, 01/31/2012, 10/23/2012. Prior imaging studies include MRI of the cervical spine dated 06/23/2005 that showed mature C6-7 interbody fusion, cervical spondylosis, and central C4-5 protrusion impinging on the ventral cord. A progress note dated 11/22/2013 indicates the patient complained of neck pain that is also causing headaches. Exam of the cervical spine revealed tenderness to palpation over cervical paraspinal muscles with muscle tension extending from the neck into the upper trapezius muscles bilaterally. Range of motion of cervical spine was decreased. Sensations were decreased to light touch. Spurling's maneuver elicits pain in the muscles of the neck but no radicular symptoms. The muscle tone of the trapezius was normal. There is no palpable tenderness. He had decreased strength of 3/5 on bilateral shoulder raise, upper arm flexion and extension, as well as grip. He also had decreased sensation bilaterally in upper extremities of 4/5 in C4-T1 dermatomal distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL EPIDURAL STEROID INJECTION (ESI) AT C4-C5, INCLUDING EACH ADDITIONAL LEVEL, WITH ONE CERVICAL MYELOGRAPHY, ONE CERVICAL EPIDUROGRAM, AN INSERTION OF A CERVICAL CATHETER, ONE FLUOROSCOPIC GUIDANCE, AND ONE IV SEDATION.: 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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Myelography.

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case, this patient has chronic neck pain radiating into his bilateral upper extremities. His pain level was 10/10 on a visual analog scale. Cervical MRI showed central C4-5 disc protrusion impinging on the ventral cord. On most recent physical exam on 11/22/2013, there is documentation of cervical paraspinous muscle tension and decreased cervical ROM. Neurological exam showed decreased sensation in bilateral upper extremities in C4-T1 distribution, decreased strength of 3/5 on bilateral shoulder raise and upper arm flexion/extension, and decreased grip strength. This patient has subjective and objective findings consistent with radiculopathy; however, the patient has already had 3 cervical ESIs and guidelines do not recommend more than 2 ESI injections. Regarding the cervical myelography, ODG indicates that it is not recommended unless surgery is planned. In this case, the cervical ESI is recommended to avoid further surgery. Based on all of the above reasons, the medical necessity has not been established for one cervical epidural steroid injection (ESI) at C4-C5, including each additional level, with one cervical myelography, one cervical epidurogram, an insertion of a cervical catheter, one fluoroscopic guidance, and one IV sedation. The request for the cervical epidural is not medically necessary.