

Case Number:	CM13-0068863		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2012
Decision Date:	05/23/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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:

The patient is a 56-year-old male with a date of injury of 05/08/2012. The listed diagnoses per the provider are: status post C4 to C5 fusion, C5 radiculitis bilaterally, C6 and C7 radiculopathy right side at midline, and rotator cuff syndrome, right shoulder worse than left. According to report dated 11/12/2013 by the provider, the patient is status post cervical discectomy and fusion at C4 to C7 in September 2012. He continues with severe pain in his bilateral shoulders, neck, and upper extremities. Examination reveals he has "lost" pinprick at C5, C6, and C7 bilaterally. He has weakness to biceps, triceps, and brachioradialis. He has diminished reflexes at the triceps on the right side at midline and the brachioradialis on the left side of the mid line. Range of motion of the cervical spine is 50% abnormal to flexion, extension, side bending, and rotation. Electromyography (EMG) from 05/28/2013 indicates chronic C5 and C7 radiculopathies, chronic left C7 radiculopathy, carpal tunnel syndrome bilaterally, mild right ulnar nerve neuropathy as well as mild chronic S1 radiculopathy. There is no MRI (magnetic resonance imaging) of the lumbar spine. The treating provider is requesting a cervical epidural under fluoroscopy guidance to treat the radiculopathy. Utilization review is dated 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE WITH INTERPRETATION OF RADIOGRAPH FILMS AT C4, C5, C6, AND C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid injections (ESI's), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid injections (ESI's) Page(s): 47.

Decision rationale: This patient presents status post cervical discectomy and fusion on September 2012 and continues with severe pain in his bilateral shoulders, neck, and upper extremities. The treating provider is requesting a cervical epidural injection under fluoroscopy at level C4, C5, C6, and C7. The medical records do not show the patient has had any prior cervical epidural steroid injections (ESI's). The MTUS Guidelines recommends epidural injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings on radiographic studies. The MTUS recommends no more than 2 levels to be injected at a time. In this case, the treating provider is requesting a 3-level injection. The recommendation is for denial.

FOLLOW-UP VISIT: Overturned

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 Chapter, Office visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents status post cervical discectomy and fusion in September 2012 and continues with bilateral shoulder, neck, and upper extremity pain. The treating provider is requesting a follow up visit. For follow up visits, the ACOEM states, "patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." Given the patient's continued Final Determination Letter for IMR Case Number CM13-0068863 4 complaints of severe pain, a follow up visit is recommended. The recommendation is for approval. Disclaimer: [REDACTED]