

Case Number:	CM14-0000737		
Date Assigned:	01/17/2014	Date of Injury:	01/01/1998
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 62 year old female with a date of work injury 3/28/06. Her diagnoses include history of multiple neck surgeries; (all together she has had a 4-level fusion with anterior and posterior instrumentation); chronic pain syndrome; depression secondary to chronic pain issues; chronic right shoulder pain; history of right shoulder surgery back in 1997; EMG/NCV studies showed mild bilateral carpal tunnel syndrome, left ulnar neuropathy across the elbow. (EMG/NCV study was from 5/14/2013); s/p detox program in Bay Area, 2012. There is a request for the medical necessity of a C7-T1 epidural steroid injection for the cervical spine. There is an operative report from 9/18/13 that states that the patient had a T1-T2 interlaminar epidural steroid injection. An EMG/NCV study from 5/14/09 revealed mild bilateral carpal tunnel syndrome and left ulnar neuropathy across the elbow. A 7/15/13 MRI of the spine revealed extensive postsurgical changes involving the cervical spine from C3 to C7 both anteriorly and posteriorly. There were degenerative changes seen involving the left C2-C3 apophyseal joint with associated mild to moderate narrowing of the left C3 neural foramen. There was mild anterolisthesis noted at the C7-T1 level without significant spinal stenosis or foraminal narrowing identified. Compared with the prior CT of the cervical spine dated 12/5/11, there appears to be no significant interval change. A 12/10/13 primary treating physician office visit physical exam reveals that the patient continues to do well from her cervical epidural that she had in September, but she is starting to get pain in the arms again. She got more than 70% relief of neck and upper extremity pain. The examination reveals that she is tender in the lower cervical spine. Range of motion is decreased in all fields. Reflexes of upper extremities are 2+. Strength is decreased to 4/5 bilaterally and the maneuvers caused pain. The provider is requesting authorization for a C7-T1 interlaminar epidural steroid injection

stating that it provided excellent relief for her. She is taking less medication. She is a lot more active. The pain is beginning to come back. It has been about 3 months There is a 1/2/14 letter of appeal that states that the treating physician states that he can see the confusion regarding the past review for the epidural steroid injection. The document states that the reviewer notes the benefit from the prior ESI at T1-2, and wondered why the procedure was requested above that level. The physician states that the injection in the past was requested at C7-T1 because the patient's symptoms were within the C6, C7 and C8 dermatomes. The treating physician notes that the patient had fusion with anterior and posterior instrumentation from C3-C7 and x-rays show fracture of the left C3 pedicle screw and wiring of the spinous processes and there was also anterolisthesis of C7 on T1 making the C7- T1 interlaminar approach difficult. He states that the T1-2 interlaminar procedure was a better option and was shown to be effective. He would like to repeat the T1-T2 ESI that was done on 9/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 EPIDURAL STEROID INJECTION FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ESI, 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for a C7-T1 epidural steroid injection into the cervical spine is not medically necessary according to the MTUS Chronic Pain Medical Treatment Guidelines. A 12/12/13 office visit states that the treating physician is requesting a C7-T1 interlaminar epidural steroid injection since it provided excellent relief. The MTUS guidelines indicate that no more than one interlaminar level should be injected at one session. Additionally, the employee had prior relief from an injection at T1-T2 interlaminar epidural steroid injection not C7-T1. The request for a C7-T1 epidural steroid injection into the cervical spine is not medically necessary. Furthermore the MTUS guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The documentation does not reveal physical exam, imaging or electrodiagnostic findings corroborative of a C7-T1 radiculopathy. The request for a C7-T1 epidural steroid injection into the cervical spine is not medically necessary.