

Case Number:	CM14-0005091		
Date Assigned:	01/24/2014	Date of Injury:	05/13/1999
Decision Date:	06/12/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 63 year old female with a reported date of injury 05/13/1999. The mechanism of injury was not submitted with the medical records. The progress note dated 12/16/2013 reported pain to the cervical spine, bilateral hand/fingers, bilateral shoulders, bilateral knees, and the lumbar spine rated a 10/10 and described as aching, burning, coldness, hot, numb, sharp, shooting, spasm and throbbing. The injured worker has unknown surgeries to her bilateral shoulders and left elbow in 1999 and her bilateral knees and wrists in 1995-1996. The injured worker underwent acupuncture, heat treatment, ice treatment, occipital nerve block, physical therapy, pump trial, sympathetic block, and TENS unit. The physical examination reported the injured worker as sitting comfortably in no acute distress, mood and affect appropriate. The cervical range of motion performed was listed as lateral flexion right/left to 20 degrees, flexion to 45 degrees, extension to 10 degrees, rotation right/left was 45 degrees. The diagnoses listed were cervical radiculitis, lumbosacral neuritis, myospasm, depressive disorder, reflex sympathetic dystrophy of the upper limb. An MRI performed on 06/26/2013 noted mild congenital narrowing of the spinal canal starting from C2 to C7, C6-C7 level was a 2-3mm focal central disc protrusion with overlying osteophyte. This contributes to mild central spinal canal stenosis. The AP diameter is 8.5mm. There is bilateral mild uncovertebral joint hypertrophy with bilateral foraminal exit zone narrowing noted, right greater than left. The request of authorization form was submitted on 12/17/2013 for a catheter directed cervical epidural steroid injection left and right C6-C7 under fluoroscopy and monitored anesthesia due to radiculitis, neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CATHETER DIRECTED, AT BILATERAL C6-C7, UNDER FLUROSCOPY AND MONITORED ANESTHESIA: Overturned

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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request for catheter directed, at bilateral C6-C7, under fluoroscopy and monitored anesthesia is certified. The California Chronic Pain Medical Treatment guidelines state epidural steroid injections can off short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The guidelines criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, The guidelines criteria also stated must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injured worker has cervical radiculopathy documented by physical examination and corroborated by MRI study. The injured worker has also failed conservative care to date. Therefore, the request is medically necessary and appropriate.