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| Case Number: | CM14-0015921 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 04/24/2002 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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, has a subspecialty certificate 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 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 45 year old male with a work injury dated 4/24/02. The diagnoses include a history of degenerative disc disease with occasional radiculopathy. Under consideration are an MRI of the neck without contrast and cervical ESI for C7. There is a 1/7/14 treating physician progress report that states that the patient complains that the neck pain is getting worse. The right side used to be the most symptomatic but now the left side is. He had an epidural steroid injection on 11/2 and the right elbow pain went away. He has not seen the doctor that did the injection since. He tried physical therapy without much benefit. He denies Lhermitte's symptoms. Bowel and bladder are ok. He had some short term benefit of the right arm after the epidural steroid injection but not the neck. Treatments for the episodes of neck pain with pain radiating to the arm include medications and a collar which is not supportive. The TENS is for his neck but it did not help. He tried PT /PCP then ESI again. He had an MRI which showed 3 HNP (herniated nucleus pulposus) at C5-7 per patient but those are old. On exam there is decreased neck range of motion. The patient feels pulling to the arm full with pain in the right trapezius area and spasms of the interscapular muscles. There is painful arc of shoulder abduction. There is decreased sensation along the extensor portion to the wrist. Tinel's mildly + for the radial at the elbow and the Median nerve at the wrist. There was no compression of the neck. Rotation to the right caused pain in the shoulder to arm and pinching med back. Lhermitte's + with mild pulling. No vasomotor instability. Reflexes were decreased in the triceps compared to Biceps and brachioradialis bilaterally. The tone is normal bilaterally. Babinski was negative bilaterally. No long tract signs such as increased tone or spread of reflexes. Sensation is intact with exception of decreased sensation on the outside of the arm. MMT weakness of grip on the left as well as weakness Triceps wrist flexion of about half a grade left less than right.

Gait and station are almost normal. Fine motor skills are normal. The AME reveals that on 8/28/12, the patient was seen for persistent cervical radiculopathy. This notes that his pain had started two months ago and is getting worse. There was a history of neck pain over ten years on and off. The entire cervical spine was tender constantly as being the site of pain. He had no numbness or tingling in the upper extremities. He did have weakness in the right upper extremity, with pain described as burning, shooting, throbbing, dull, and aching which would go down into the first finger. The physical examination was done after review of the MRI studies. The physician found mild right vertebral joint hypertrophy at C6-7 causing mild to moderate right neuroforaminal narrowing, with mild impingement of the right C7 exiting nerve root. There was no intervertebral disk herniation. At C5-6 there was also mild right uncovertebral joint hypertrophy, but no intervertebral disk herniation. There was no exiting nerve root compression at that level. On 12/11/12, the patient followed up after having had cervical epidural steroid injections done on 11/02/12. The subjective complaints were pretty much the same as previously described. The MRI was again reviewed. They would continue to follow up with him for neuroforaminal stenosis on the right at C6 and C7. The assessment on 10/2/12 was that he was doing well after the third cervical epidural steroid injection. On that date, the patient stated that he felt no pain in his right upper extremity on an ongoing basis, but had had some increase of pain in his neck. After that injection, the arm pain went away, but he had an increase in neck pain. On that date again the MRI was placed into the record. The assessment was that he had facet osteoarthritis causing right C6 and C7 neuroforaminal stenosis. An MRI of the cervical spine that was done on 8/27/12 stated that there was mild right vertebral joint hypertrophic change at C6-7 causing mild to moderate right neuroforaminal narrowing, with mild impingement of the right C7 exiting nerve root. There was no intervertebral disk herniation, central canal stenosis, or cord compression. There was also seen at C5-6 mild right uncovertebral joint hypertrophy, with mild narrowing of the right neural foramina, without exiting nerve root compression. There was no focus of abnormal signal within the cervical cord.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF NECK WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Minnesota Rules, Parameters for Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MRI of the neck without contrast is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that criteria for ordering imaging studies are: emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation submitted reveals that the patient has had chronic similar cervical complaints for years without significant change in his symptoms. There are no red flag findings, and there is no evidence patient is

preparing for surgery. It is unclear how a neck MRI would change his medical management from the documentation submitted. The request for neck MRI without contrast is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION (CESI) FOR C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 45.

Decision rationale: A cervical epidural steroid injection for C7 (CESI) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had several injections at C7. The guidelines recommend objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks from the prior injection. The documentation submitted does not reveal evidence of this improvement therefore the request for cervical epidural steroid injection for C7 (CESI) is not medically necessary.