

Case Number:	CM14-0116179		
Date Assigned:	08/04/2014	Date of Injury:	10/06/2003
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/23/2014

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 in Pain Management 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 patient with a date of injury of October 6, 2003. A utilization review determination dated June 20, 2014 recommends non-certification for a cervical epidural injection and acupuncture. A progress report dated June 12, 2014 identifies subjective complaints of neck pain radiating into both arms and hands. The pain is described as burning, shooting, and stinging and gets so severe that her hands cramp. She is not able to hold anything. Physical examination findings identify decreased cervical spine range of motion, 3/5 strength in the left upper extremity, and decreased sensation along the left C5 dermatome. Reflexes are absent in the left upper extremity. The note indicates that the patient has tried and failed all conservative treatments including physical therapy, medication, and muscle relaxants. The note states that an MRI of the cervical spine done on May 7, 2014 shows mild central stenosis and bilateral foraminal narrowing at C6-7 caused by spondylitis disk complex and uncovertebral hypertrophy. There is evidence of an anterior C-5-6 fusion. Anterior spondylolisthesis is severe at C4-5 without stenosis. The note goes on to identify that the patient needs to have a cervical epidural steroid injection with catheter to C6. An acupuncture follow-up dated March 6, 2014 recommends continued acupuncture at one time per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection to C5 with Catheter under Fluoroscopy and Anesthesia:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 26 and 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is some lack of clarity regarding positioning of the requested epidural injection. Progress reports identify symptoms into the left C5 dermatome. However, the treating physician requests that the patient have an epidural injection at C6. Additionally, the MRI does not seem to support the diagnosis of left C5 radiculopathy, as no stenosis is identified at that area. Unfortunately, the MRI report itself was not provided for review. In the absence of clarity regarding those issues, the currently requested cervical epidural injection to C5 with catheter under fluoroscopy and anesthesia is not medically necessary.

Acupuncture 1x8 to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) or functional improvement with the previous acupuncture trial. In the absence of such documentation, the currently requested additional acupuncture is not medically necessary.