

Case Number:	CM14-0130772		
Date Assigned:	08/20/2014	Date of Injury:	08/28/2013
Decision Date:	10/21/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, 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 50-year-old female with an 8/28/13 date of injury, when she fell and injured her neck and lower back. The patient was seen on 9/5/14 with complaints of pain in the cervical spine, thoracic spine and lumbar spine. Exam findings revealed tenderness in the bilateral paracervical muscles and trapezial muscles. The range of motion of the cervical spine was: flexion 0,20,3 degrees; extension 1,30,5 degrees; right tilt 20,10,0 degrees; left tilt 0, 0, 30; right rotation 20,1,15 and left rotation 0,14,5. The notes stated that the patient underwent 2 lumbar epidural injections with significant pain relief. The diagnosis is cervical sprain and lumbar disc disease. An MRI on the cervical spine dated 6/24/14 indicated multilevel cervical spondylosis with borderline central spinal canal stenosis at C4-C5 and C5-C6 and multilevel variable foraminal stenosis worse at C5-C6; bilateral hyper intense cystic structures noted within the neural foramen at C6-C7 through T1-T2; the findings consistent with perineural root sleeve/avulsion cysts versus less likely peripheral nerve sheath tumors; prominent central canal versus tiny syrinx from C5-C6. Treatment to date: 12 sessions of PT, work restrictions and medications. An adverse determination was received on 8/11/14 given that there was no documentation of radiculopathy on physical examination and corroborated by imaging studies or diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (Epidural Steroid Injections) at C4-C5 and C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The patient's cervical spine MRI performed on 6/24/14 revealed multilevel cervical spondylosis with borderline central spinal canal stenosis at C4-C5 and C5-C6 and multilevel variable foraminal stenosis worse at C5-C6; bilateral hyper intense cystic structures noted within the neural foramen at C6-C7 through T1-T2; the findings consistent with perineural root sleeve/avulsion cysts versus less likely peripheral nerve sheath tumors; prominent central canal versus tiny syrinx from C5-C6. However, the physical examination did not reveal radiculopathy that would correlate with the imaging studies. Therefore, the request for ESI (Epidural Steroid Injections) at C4-C5 and C5-C6 was not medically necessary.