

Case Number:	CM14-0150560		
Date Assigned:	09/18/2014	Date of Injury:	09/05/2012
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 53-year-old male with a 9/5/12 date of injury; the mechanism of the injury was not described. The patient was seen on 6/27/14 with complaints of neck pain. Exam findings revealed tenderness to palpation to the cervical spine with noted muscle spasm. The range of motion was: flexion 30 degrees, extension 20 degrees and left and right rotation 50 degrees. The cervical compression test and shoulder depression test were positive. The diagnosis is cervical sprain/strain; right shoulder impingement syndrome, anxiety and depression. The MRI of the cervical spine dated 4/12/14 revealed: C3-C4, C4-C5, C5-C6 disc protrusions effacing the thecal sac and the exiting nerves roots were unremarkable; C6-C7 disc protrusion effacing the thecal sac and narrowing of right neural foramen that effaced the right C7 exiting nerve root. Treatment to date: medications. An adverse determination was received on 8/21/14. The request for Cervical Epidural Steroid injection at C6-C7 was denied given that the physical exam did not corroborate radiculopathy. The request for Internal Medicine consultation for surgical clearance was denied given that the patient's surgery was not being necessary at the time. The request for Cervical Facet Injections was denied given that the physical examination did not demonstrate positive facet findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid injection at C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California 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, California 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 MRI of the cervical spine dated 4/12/14 revealed: C3-C4, C4-C5, C5-C6 disc protrusions effacing the thecal sac and the exiting nerves roots unremarkable; C6-C7 disc protrusion effacing the thecal sac and narrowing of right neural foramen that effaced the right C7 exiting nerve root. However, the physical examination did not reveal radiculopathy correlated with an imaging study. In addition, the radiographs of the cervical spine were not available for the review. Therefore, the request for Cervical Epidural Steroid injection at C6-C7 was not medically necessary.

Internal Medicine consultation for surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156)

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. There is no rationale with regards to the internal medicine consultation for surgical clearance for the patient. In addition, it is not clear what surgery was planned and when was it scheduled. Therefore, the request for Internal Medicine consultation for surgical clearance was not medically necessary.

Cervical Facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Invasive techniques

Decision rationale: The California MTUS states that cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. California MTUS does not recommend intrarticular injections for acute, sub-acute, and chronic regional neck pain. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. In addition, ODG states that regarding intra-articular blocks, no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. There is no rationale with regards to the need for cervical facet injections for the patient. In addition, the Guidelines stated that the injections have no proven benefit in treating acute neck. Therefore, the request for Cervical Facet Injections was not medically necessary.