MAXIMUS Federal Services

Case Number:	CM14-0152447		
Date Assigned:	09/22/2014	Date of Injury:	04/29/2008
Decision Date:	12/08/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 60-year-old male with a date of injury of 04/29/2008. The listed diagnoses per [redacted] are: 1.Cervical radiculopathy, 2.Cervical stenosis, 3.Degenerative disk disease of the cervical spine. According to progress report 08/06/2014, the patient presents with continued neck pain that radiates into his shoulder blade. He continues to report numbness, tingling, and burning into the bilateral upper extremities to his fingers. Examination revealed tenderness to palpation in the cervical spine, which is mostly midline. There is tenderness to palpation of the bilateral trapezius with active spasm. His range of motion of the cervical spine is decreased across all planes and Flexion elicits pain. There is decreased sensation in the bilateral C5, C6, and C7 dermatomes. Patient has 4+/5 strength bilaterally in his deltoids, biceps, internal rotators, external rotators, wrist extensors, wrist flexors, triceps, interossei, finger flexors, and finger extensors. Treater reviews an MRI of the cervical spine from 11/30/2012 which "demonstrates DDD with facet arthropathy and retrolisthesis at C4-C5 and C5-C6. There is central stenosis at C3-C4 severe, C4-C5 moderate, C5-C6 moderate to severe, and C6-C7 mild to moderate." The treater is requesting an interlaminar epidural steroid injection at C3-C4, C4-C5, and C5-C6. Utilization review denied the request on 08/29/2014. Treatment reports from 03/12/2014 through 08/06/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection C3-4, C4-5 and C5-6 with placement of the catheter at the C7-T1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

Decision rationale: This patient presents with chronic low back pain with numbness, tingling, and burning that radiates down to his shoulder blade. The treater is requesting an interlaminar epidural steroid injection C3-C4, C4-C5, and C5-C6 with placement of the catheter at the C7-T1 level. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient presents with some radicular symptoms but the treater is requesting a 3-level interlaminar injection. The MTUS Guidelines states for criteria for epidural steroid injections, "no more than 1 interlaminar level should be injected at 1 session." MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." There are no discussions in the MTUS or ODG guidelines that support catheter placement either. Patient does not present with clear radiculopathy either, including dermatomal distribution of pain into the arms. The request is not medically necessary.