

Case Number:	CM14-0156928		
Date Assigned:	09/29/2014	Date of Injury:	10/19/2006
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 employee was a 55 year old male with a work related injury on 10/19/2006. His history was significant for C4-C7 ACDF in 2008. His pain recurred since 2011. His other medical problems included hepatitis C, arthritis, Gilbert syndrome, hypertension and nasopharyngeal cancer. Medications included glucosamine, Telmisartan, Tylenol with codeine and Ambien. His prior treatment included Physical therapy, cervical epidural injection which gave him a 70% relief for 2-3 weeks. A cervical myelogram on 03/17/14 revealed prior cervical discectomy and fusion at C4-C7. At C4-C5, a focal midline dorsal disc-osteophyte indents the ventral cord. Mild canal stenosis was also noted. MRI of cervical spine on 01/28/13 showed status post fusion at C4-C7, degenerative changes at C3-C4 and C7-T1 with severe central stenosis at C2-3 and C3-4, moderate canal stenosis at C4-C5 and C5-C6. The note from 08/19/14 was reviewed. Subjective complaints included neck pain on the right side of neck with radicular symptoms going down to all fingers in the right hand. The pain was like a pulling and was like electric shocks. Pain level was 6/10. Pain was relieved by holding neck straight and Tylenol #3. His prior treatment included bilateral C2-3 and C3-4 facet injections in 2013 with pain relief that lasted for one month. His medications included Aleve and Tylenol #3 that relieved pain. Pertinent examination findings included positive Spurling's test on right, facet loading test positive bilaterally and normal sensation in bilateral upper extremities. His diagnoses included right sided cervical radiculitis. He was noted to have failed conservative measures including medication management and physical therapy. The plan of care included a trial of C7-T1 CESI, continuing pain medications including Aleve and Tylenol #3 and home Physical therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46.

Decision rationale: The employee sustained an injury in 2006 and had C4-C7 ACDF in 2008. He had ongoing pain in his neck radiating down to right side of neck and right upper extremity. Pertinent examination findings included positive Spurling's test, normal sensation and positive facet loading test. An MRI of cervical spine showed canal stenosis and post operative changes. His medications included Aleve and Tylenol #3. His other treatment included cervical spine epidural steroid injections that improved pain by 70% upto 2-3 weeks. The request is for cervical spine epidural steroid injection under fluoroscopic guidance. According to MTUS Chronic Pain Treatment Medical Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). ESIs are recommended if radiculopathy is documented by examination and corroborated by imaging and electrodiagnostic testing, initially unresponsive to conservative treatment and repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The employee had neck pain radiating to right upper extremity and positive Spurling's test. There was no noted decrease in sensation during the last progress notes. In previous notes, the decrease in strength was noted to be diffuse and the hand sensation decrease was also diffuse, not consistent with any dermatomal or myotomal pattern. Hence the request for epidural steroid injection and associated fluoroscopy guidance are not medically necessary or appropriate.

Fluoroscopy guidance per 8/19/14 report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection, Page(s): 46.

Decision rationale: The employee sustained an injury in 2006 and had C4-C7 ACDF in 2008. He had ongoing pain in his neck radiating down to right side of neck and right upper extremity. Pertinent examination findings included positive Spurling's test, normal sensation and positive facet loading test. An MRI of cervical spine showed canal stenosis and post operative changes. His medications included Aleve and Tylenol #3. His other treatment included cervical spine epidural steroid injections that improved pain by 70% upto 2-3 weeks. The request is for cervical spine epidural steroid injection under fluoroscopic guidance. According to MTUS Chronic Pain Treatment Medical Guidelines, epidural steroid injections are recommended as an option for

treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). ESIs are recommended if radiculopathy is documented by examination and corroborated by imaging and electrodiagnostic testing, initially unresponsive to conservative treatment and repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The employee had neck pain radiating to right upper extremity and positive Spurling's test. There was no noted decrease in sensation during the last progress notes. In previous notes, the decrease in strength was noted to be diffuse and the hand sensation decrease was also diffuse, not consistent with any dermatomal or myotomal pattern. Hence the request for epidural steroid injection and associated fluoroscopy guidance are not medically necessary or appropriate.