

Case Number:	CM14-0158196		
Date Assigned:	10/01/2014	Date of Injury:	02/25/2013
Decision Date:	12/09/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 56 years old male with an injury date on 02/25/2013. Based on the 08/01/2014 progress report provided by [REDACTED], the diagnoses are: 1. Multilevel disc herniation of cervical spine with moderate to severe neural foraminal narrowing. 2. Cervical radiculopathy. According to this report, the patient complains of "neck and back pain at 4-6/10 on the pain scale. He reports radiation of burning, tingling and numbness down his left arm to his palm and fingertips. He experiences a burning, aching, and stabbing pain from left knee to the top of his left foot." Physical exam reveals tenderness over the midline of the cervical spine. There is pain with cervical facet loading. Range of motion is decreased in all planes. Decrease sensation is noted at the left C6 and C7 dermatomes. Hypersensitive is noted in the right C5 dermatome. MRI of the cervical on 08/15/2013 shows "multilevel degenerative disc disease with facet arthropathy. Canal stenosis included C3-4 mild, C4-5 mild to moderate, and C5-6 and C6-7 moderate canal stenosis. Neural foraminal narrowing includes C3-4 moderate to severe bilateral; C4-5 severe right, mild to moderate left; C5-6 severe right, moderate to severe left; C6-7 moderate to severe right, severe left; and C7-T1 moderate right neural foraminal narrowing. MRI report was not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 09/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/25/2014 to 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat interlaminar Epidural injection at C5-C6 and C6-7 times two (2) Left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the 08/01/2014 report by [REDACTED] this patient presents with "neck and back pain at 4-6/10 on the pain scale." The treater is requesting a repeat interlaminar epidural injection at C5-C6 and C6-7 times two left side. Regarding repeat cervical ESI, MTUS guidelines states "A second block is not recommended if there is inadequate response to the first block." Review of reports show that the patient has an "Epidural steroid injection at the C5-6 and C6-7 on 04/17/2014. Initially about 40% relief of left arm and neck syndrome and he continues to have relief from the injection." It may appear reasonable to warrant a repeat interlaminar epidural injection at this time. However, MTUS further states "No more than one interlaminar level should be injected at one session." In this case, the requested repeat ESI is for 2 interlaminar level; MTUS do not support 2 level of interlaminar epidural injection. Documented relief of 40% from prior injection is short of required 50% pain reduction. No functional improvement and medication reductions are documented following prior injection. Finally, MTUS p46 states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular pain." The request is not medically necessary.

Psychiatry follow up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: According to the 08/01/2014 report by [REDACTED] this patient presents with "neck and back pain at 4-6/10 on the pain scale." The treater is requesting Psychiatry follow up. Regarding consultations, ACOEM states that the occupational 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. In this case, the treater does mention that the patient has "persistent anxiety and depression." Due to the patient ongoing need for psychotropic medications for anti depressant and anti anxiety medication; a follow up visit with a psychologist appears reasonable. The request is medically necessary.