

Case Number:	CM14-0170605		
Date Assigned:	10/23/2014	Date of Injury:	03/14/2012
Decision Date:	11/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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 Preventive Medicine and is licensed to practice in Iowa. 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 patient is a 47 year old female employee with date of injury of 3/14/2012. A review of the medical records indicate that the patient is undergoing treatment for cervical disc displacement with myelopathy, lumbar disc displacement without myelopathy, sprain strain of the thoracic region. Subjective complaints include chronic neck, mid thoracic and lumbar spine pain. She has arm pain which is transient and intermittent and right leg pain which increases with standing. Pain, numbness and tingling radiate into bilateral lower extremities. Patient also reported neck pain radiating into both hands. Objective findings include antalgic gait, normal lordosis with no scoliotic deformity; exam of neck reveals much pain in range of motion starting at flexion 20, extension at 10, lateral bending 15 and rotation, 25. Spurling's is positive bilaterally. There is tenderness to palpation at the cervical paraspinous muscles with associated muscle tension right greater than left. Her right upper extremity C6-C7 has decreased sensation compared to the left. Grip strength is decreased on the right compared to the left. Medications have included Buprenorphine, Ketamine 5% cream, Miralax Powder Packet, Lactulose 10 GM/15 MI Solution GM/15 MI; Gabapentin; Venlafaxine Hcl ER; DSS 100, and Vicodin; also Ketamine 5% Cream, Docusate Sodium, Ferrous Sulfate, Omeprazole. She had lumbar epidural steroid injection on 1/28/13. On 9/9/2014, the treating physician requested 12 sessions of PT, it is unknown if the patient has started the therapy. The utilization review dated 9/19/2014 non-certified the request for Cervical ESI C5-6 and C6-7, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C5-6 and C6-7, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation: 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 (ESIs) Page(s): 46. Decision based on Non-MTUS Citation fficial Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that a home exercise program is ongoing. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The treating physician does not detail previous treatment trial and failures to meet the above guidelines. In addition, the treating physician did not provide documentation of needle phobia or anxiety to justify sedation. As such, the request for Cervical ESI C5-6 and C6-7, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation is not medically necessary at this time.