

Case Number:	CM14-0172337		
Date Assigned:	10/23/2014	Date of Injury:	04/13/2009
Decision Date:	11/21/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 patient sustained an injury on 4/13/09 while employed by [REDACTED]. Request(s) under consideration include Cervical Epidural Injection. Diagnoses include Lumbar disc displacement without myelopathy. MRI of the cervical spine showed multi-level disc bulges without significant neural foraminal or central canal stenosis. The patient continues to treat for ongoing chronic pain symptoms. Report of 8/14/14 from pain management provider noted patient with radicular symptoms rated at 7/10 in his right upper extremity; s/p cervical facet rhizotomy on 5/1/14 with at least 70% pain relief in neck with decreased headaches; low back pain persist with radiation to both lower extremities rated at 9/10. The patient had LESI on 1/30/14 with notable improvement in mobility, but pain has returned. Electrodiagnostic study on 7/19/10 noted right C5-6 irritation. Medications list Norco, Ultram, Anaprox, Prilosec, and Neurontin. (Fexmid discontinued). Exam showed cervical psin with TTP in musculature; decreased range with extension to 20 degrees with worse pain; numerous trigger points; decreased sensation at C5-6 distribution; DTRs 2+ symmetrically with 5-5/5 motor strength throughout upper extremities. The request(s) for Cervical Epidural Injection was non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8, Neck and Upper Back Complaints, Page(s): 174-175, and 181 table 8-8.

Decision rationale: This patient sustained an injury on 4/13/09 while employed by [REDACTED]. Request(s) under consideration include Cervical Epidural Injection. Diagnoses include Lumbar disc displacement without myelopathy. MRI of the cervical spine showed multi-level disc bulges without significant neural foraminal or central canal stenosis. The patient continues to treat for ongoing chronic pain symptoms. Report of 8/14/14 from pain management provider noted patient with radicular symptoms rated at 7/10 in his right upper extremity; s/p cervical facet rhizotomy on 5/1/14 with at least 70% pain relief in neck with decreased headaches; low back pain persist with radiation to both lower extremities rated at 9/10. The patient had LESI on 1/30/14 with notable improvement in mobility, but pain has returned. Electrodiagnostic study on 7/19/10 noted right C5-6 irritation. Medications list Norco, Ultram, Anaprox, Prilosec, and Neurontin. (Fexmid discontinued). Exam showed cervical psin with TTP in musculature; decreased range with extension to 20 degrees with worse pain; numerous trigger points; decreased sensation at C5-6 distribution; DTRs 2+ symmetrically with 5-5/5 motor strength throughout upper extremities. The request(s) for Cervical Epidural Injection was non-certified on 10/16/14. EMG/NCV showed nerve root irritation without clear specific cervical radiculopathy. The patient also exhibit facet arthropathy without previous radicular symptoms s/p recent rhizotomy in May 2014 with noted at least 70% pain relief. MRI of cervical spine does not demonstrate any significant neural foraminal or central canal stenosis. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly identified here. Submitted reports have not adequately demonstrated any neurological deficits with intact motor strength and DTRs of the upper extremities. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in functional status. The Cervical Epidural Injection is not medically necessary and appropriate.