

Case Number:	CM14-0176559		
Date Assigned:	10/29/2014	Date of Injury:	11/25/2003
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/24/2014

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 Medical 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 65 year old male with an injury date of 11/25/03. The 08/26/14 report by ■■■ states that the patient presents with persistent neck pain presumed at C7-T1. The 09/18/14 report states pain is rated 6-7/10 and, the patient has symptoms of radiation into the shoulder and scapula from the neck and has weakness in the right C5-C6 myotomes. The patient is retired. The 09/18/14 examination is limited and shows restricted range of motion of the cervical spine and right and left shoulder forward flexion of 170 degrees. Neuro examination shows 4+/5 left elbow flexors and wrist extensors, 5/5 on the right, 5-/5 left shoulder ER, 5% on the right, 5- to 5/5 left wrist flexors, 5/5 on the right 5/5 bilateral finger flexors. The provider states the patient's PHQ-9 scores indicate mild depressive symptoms. The 08/13/14 MRI cervical presents the following impression: Status post anterior fusion at C5 through C7 (May 2013), multilevel degenerative disc disease, mild canal stenosis at C3-C4 and C4-C5 secondary to broad based disc bulge and ligamentum flavum redundancy; moderate left neural foraminal narrowing at C3-C4 secondary to broad based disc bulge and facet arthroplasty. The patient's diagnoses are not provided on the most recent reports 07/24/14 to 09/18/14. Discussion on 09/18/14 states the patient has residual neuropathic pain in the neck radiating to the right upper extremity and has radicular signs and symptoms meeting criteria for radiculopathy. The patient's diagnoses from 05/29/14 include: Neck pain, post-laminectomy syndrome, cervical, status post fusion C5-6 and C6-7 March 2013, and cervical facet syndrome cervical spondylosis. As of 09/18/14 medications are listed as Galise and Mobic. The utilization review being challenged is dated 10/03/14. The rationale regarding Functional Restoration Program Evaluation is that the reports show RFA and medications show improved pain and that depression is present in the patient which is a poor predictor of success. Reports were provided from 09/27/12 to 09/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: The patient presents with "neck" pain rated 6-7/10 with symptoms of radiation into the shoulder and scapula and has weakness in the "right" C5-C6 myotomes. The provider requests for cervical epidural steroid injection at C7-T1. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 09/18/14 report by [REDACTED] states the patient has had neck and right shoulder pain since 2003 with residual neuropathic "neck" pain radiating to the right upper extremity with only brief response to RFA. The operative report shows this as C7-C8 bilaterally (04/01/14). The reports indicate the patient received RFA prior to this. In this case, it appears that radiological studies do not support a diagnosis of radiculopathy required for an ESI. The 08/13/14 MRI provided shows only mild canal stenosis and at the C-3 C-4 and C-4 C-5 levels. No dermatomal distributions of radicular symptoms are noted. Location of the patient's symptoms does not correlate with C5-6 myotomes. No electrodiagnostic studies are provided or discussed that show radiculopathy. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, the request for cervical epidural steroid injection at C7-T1 is not medically necessary and appropriate.

Functional Restoration Program Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs; Functional Restoration Page(s): 30-32; 49.

Decision rationale: The patient presents with neck pain rated 6-7/10 with symptoms of radiation into the shoulder and scapula and has weakness in the right C5-C6 myotomes. The provider requests for functional restoration program evaluation. MTUS guidelines pages 30-32 states that functional restoration programs for chronic pain are recommended when there is access to programs with proven successful outcomes. The first criteria of the general use of these programs is, "1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement;" MTUS

page 49 recommends Functional restoration programs when there is significant loss of function due to chronic pain and is not a candidate for surgery or other treatments. The 08/27/14 Request for Authorization requests a one-time multidisciplinary consultation at [REDACTED] to determine whether the patient would be a good candidate for a full time program. Given the patient's long-term disability from chronic pain, the request appears reasonable. There is no evidence that this patient underwent FRP in the past. Request is for functional restoration program is medically necessary and appropriate.