MAXIMUS Federal Services

Case Number:	CM14-0184317		
Date Assigned:	11/12/2014	Date of Injury:	10/26/2001
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 injured worker (IW) is a 64-year-old with a date of injury of October 26, 2001. The mechanism of injury was not documented in the medical record.Pursuant to the progress note dated October 1, 2014, the IW complains of exacerbation of neck pain. Her pain level was rated 9-10+/10 with medications and 10+/10 without medications. Her cervical epidural dated July 22, 2014 was greatly beneficial and provided her with 70% pain relief for at least 12 weeks, decreased medication intake and improved function. Physical examination revealed cervical rotation is about 10 degrees left, and 10 degrees right. Extension is about 10 degrees and forward flexion is about 30 degrees. Lateral bending is about 10 degrees to the left and 15 degrees to the right. Spurling's test is positive bilaterally. She has tenderness throughout the cervical spine and the trapezii bilaterally. Relevant diagnoses include: Cervical spine disc disease, cervical multilevel abnormalities on MRI scan, and cervical radiculopathy. A cervical MRI dated September 18, 2012 revealed: Spondylotic changes, notably from C4-C5 to C6-C7. Worst level is at C5-C6 where there is mild cord impingement and severe bilateral foraminal stenosis. No myelomalacia. Current medications include: Oxycodone IR, and Norco 10/325mg. The IW has been instructed to continue medications, heat, ice rest, gentle stretching and exercise which can be tolerated. A request has been made for repeat bilateral C4-C6 epidural steroid injection, cervical MRI without contrast, and surgical consult with [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-C5-6 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral C4 C5 and C5 C6 epidural steroid injections (ESI) are not medically necessary. The ODG guidelines enumerate criteria for use of epidural steroid injections. The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing area; in the therapeutic phase, repeat blocks should only be offered if there is at least a 50% pain relief for 6 to 8 weeks, with a general recommendation of no more than four blocks per region per year; repeat injections should be based on continued objective documented pain and functional response; If used for diagnostic purpose, a maximum of two injections should be performed; and injections should be performed using fluoroscopy for guidance. In this case, the physical examination dated October 1, 2014 does not document objective evidence of radiculopathy. The injured worker's chief complaint is chronic neck pain, and bilateral arm pain. An MRI was performed in 2012. Physical examination shows a decrease in rotation, extension, lateral bending. She has tenderness throughout the cervical spine and trapezius muscles bilaterally. The neurologic evaluation states subjective findings but no objective findings. There was no evidence of any electrodiagnostic testing performed. The cervical MRI from 2012 conclusion showed spondylitic changes notably from C4 - C5 to C6-7. Worst level is at C5 - C6 with his mild cord impingement and severe bilateral foraminal stenosis. No myelomalacia. The request is for bilateral C-4 - C5 and C5 - C6 ESI's. This is a four-injection procedure. The guidelines allow for a maximum of two injections to be performed. There was no indication these injections were going to be administered under fluoroscopy. A copy of the first set of procedure notes would be helpful. The ESI's should be denied based on lack of objective evidence of radiculopathy, the request is for bilateral C4 - C5 and C5 - C6 ESIs (four injection procedure) and no evidence of fluoroscopy. Based on the critical information in the medical record in the peer-reviewed evidence-based guidelines, Epidural Steroid Injections to C4 C5 and C5 C6 are not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI of the cervical spine is not medically necessary. For most patients presenting with true net or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red flag conditions are ruled out. Criteria for imaging are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery. The ODG states MRI should be reserved for patients will have clear-cut neurologic findings and those suspected of ligamentous instability. MRI is treatment of choice for patients with prior back surgery. In this case, the injured worker had a cervical MRI in 2012. There were spondylitic changes before C-5 and C6 C7, worse at C5 C6 with mild cord impingement and severe bilateral for foraminal stenosis. There was no progression of neurologic dysfunction, no new neurologic findings, and the anticipation of surgery. On physical examination there was no objective evidence of radiculopathy and consequently, repeat MRI evaluation cervical spine is not medically necessary.