

Case Number:	CM14-0021195		
Date Assigned:	05/07/2014	Date of Injury:	10/08/2003
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery 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 is a 71-year-old male with a 10/8/2003 date of injury. A specific mechanism of injury was not described. 2/3/14 determination was non-certified. 1/9/14 medical report identified cervical spine pain. Exam revealed tenderness to palpation mildly across the cervical-trapezoidal ridge. Decreased range of motion. Tenderness over the facet joints C4-C7. Increased pain that radiates to the right arm. Decreased sensation in the C6 and C7 distribution. Motor strength 5/5. 12/9/13 cervical spine MRI revealed disc desiccation at C2-C3 down to C6-C7 with mild associated loss of disc height at C6-C7. Reversal of the normal cervical lordosis from C2-C3 down to C6-C7 with decreased range of motion in flexion and extension, which may reflect an element of myospasm. At C3-C4, there a broad-based posterior disc bulge, which indents the anterior aspect of the spinal cord with concurrent bilateral uncovertebral joint degenerative change and bilateral facet, hypertrophy. There mild to moderate stenosis of the left greater than the right neural foramen that deforms the left greater than the right bilateral C4 nerve roots. C4-5 broad-based disc herniation, which touches the thecal sac in flexion and extension position. This also causes mild stenosis of the spinal canal. There is mild bilateral uncovertebral joint degenerative change causing right greater than left stenosis of the bilateral neural foramen that deviates the right greater than left bilateral C5 exiting nerve roots. C5-6 broad-based posterior disc herniation, which causes mild stenosis of the spinal canal with concurrent bilateral uncovertebral joint degenerative change and bilateral facet hypertrophy. There is stenosis of the bilateral neural foramen that contacts the bilateral C6 exiting nerve roots. C6-7 broad-based posterior disc herniation, which touches the anterior aspect of the spinal cord in all positions and causes moderate stenosis of the spinal canal. There is mild stenosis of the bilateral neural foramen that contacts the bilateral C7 exiting nerve roots. 11/12/13 findings suggestive of severe bilateral carpal tunnel syndrome and bilateral chronic active C6-C7 radiculopathy. 9/4/13 medical report

identified that the last epidural injection lasted approximately two months and previous cervical epidural steroidal injections (CESIs) provided four to six months' worth of relief. 6/14/13 medical report identified that prior epidural injections provided nearly 100% relief for approximately two to three months and pain returned one week prior to exam. 4/30/13 medical report identified 90% or greater pain reduction with epidural injection. 3/15/13 medical report identified that a prior epidural injection provided 90% improvement. Treatment to date includes epidural steroid injections, medication, and home exercise program. It was noted that an additional epidural injection was scheduled for 3/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY AND FUSION C3-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Discectomy-Laminectomy-Laminoplasty.

Decision rationale: CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, the Official Disability Guidelines (ODG) states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. The patient has MRI findings of contact and/or deviation of nerve roots at several levels from C3 through C7. She has also had sufficient conservative treatment and continues with cervical pain. However, on exam there were only objective findings at the C6 and C7 levels. There were no specific subjective radicular findings in each of the levels requested for surgery, and correlation of objective findings in the additional C3-4 and C4-5 levels. There was also indication of severe carpal tunnel syndrome on electrodiagnostic studies and no indication that this was addressed prior to proceeding with cervical surgery. There was insufficient documentation to support the medical necessity of this request.

CERVICAL EPIDURAL INJECTION X4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 44, 173-175. Decision based on Non-MTUS Citation AMA Guidelines, Radiculopathy.

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. The patient had at least three previous epidural injection in 2013 with apparent significant pain relief. However, CA MTUS recommend no more than four blocks per region per year. The level(s) intended for the requested epidural injection were not identified. In addition, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection, and the medical records no to indicate reduction of medication usage during the time frame of pain relief. There was also no indication for the necessity for additional four epidural injections, as request was for cervical epidural injection times four. The records provided do not substantiate the need for additional epidural injections.

CERVICAL FACET BLOCK X2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The Official Disability Guidelines (ODG) states that diagnostic medial branch blocks are indicated with cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. The medical necessity was not substantiated for this request. The patient had radicular symptoms in the C6 and C7 distribution, the level(s) and side(s) intended for the requested injections were not provided, and there was no rationale for the necessity of two facet block injections.