

Case Number:	CM14-0022913		
Date Assigned:	05/12/2014	Date of Injury:	06/03/2013
Decision Date:	07/10/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 58-year-old male who sustained a slip and fall while at work on 6/3/2013. As a result of this fall the patient developed low back pain and neck pain. He complains of pain at the base of the skull which goes down to his shoulders bilaterally. He complains of stiffness and decreased motion of the cervical spine. When he straightens his neck he has pain radiating down to his forearms and he has a positive Spurling test. He has burning pain between his shoulder blades with motion of the cervical spine. Traction sign decreases his cervical pain. He has no motor or sensory deficit in the upper or lower extremities and his deep tendon reflexes are symmetrical. Progress report of 3/4/2014 reveals a worsening of the neck pain and the upper extremity radicular symptoms. Progress report of 4/14/2014 states the patient was not wearing his cervical collar so he seems to be doing a little better. Motion of his cervical spine is significantly improved. An MRI of the cervical spine was performed on 11/4/2013. It reveals some congenital central canal narrowing from C3-C6. There was a disc extrusion at C4-C5 and a disc protrusion at C6-C7. Due to his continuing symptoms, a request is made for cervical epidural injections at C6 and C7 under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION W/ FLUORO GUIDANCE C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidurals steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidurals steroid injections Page(s): 46.

Decision rationale: The patient does not fulfill the criteria for epidural steroid injections found in the California Medical Treatment Utilization Schedule (MTUS). The patient has nonspecific radiating pain into his upper extremities. They follow no specific dermatomal pattern. He has no motor or sensory deficit and his deep tendon reflexes are symmetrical. His magnetic resonance imaging (MRI) shows multiple levels of degenerative disc disease and some congenital narrowing of the central canal but his symptoms cannot be related to any specific level. In addition, the MTUS states that there is insufficient evidence to make any recommendation for use of epidural steroid injections to treat radicular cervical pain. Finally, the patient should be unresponsive to conservative treatment. As of the progress report of 4/14/2014, this patient appears to be improving with less pain and increased cervical motion. Therefore, based on his nonspecific radiating pain and the lack of corroboration with any specific level of his MRI scan and the fact that he is improving with conservative treatment, at this time, the medical necessity for cervical epidural injections cannot be established.

CERVICAL EPIDURAL INJECTION W/ FLUORO GUIDANCE C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidurals steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidurals steroid injections Page(s): 46.

Decision rationale: The patient does not fulfill the criteria for epidural steroid injections found in California Medical Treatment Utilization Schedule (MTUS). The patient has nonspecific radiating pain into his upper extremities. They follow no specific dermatomal pattern. He has no motor or sensory deficit and his deep tendon reflexes are symmetrical. His magnetic resonance imaging (MRI) shows multiple levels of degenerative disc disease and some congenital narrowing of the central canal but his symptoms cannot be related to any specific level. In addition, the MTUS states that there is insufficient evidence to make any recommendation for use of epidural steroid injections to treat radicular cervical pain. Finally, the patient should be unresponsive to conservative treatment. As of the progress report of 4/14/2014, this patient appears to be improving with less pain and increased cervical motion. Therefore, based on his nonspecific radiating pain and the lack of corroboration with any specific level of his MRI scan and the fact that he is improving with conservative treatment, at this time, the medical necessity for cervical epidural injections cannot be established.

SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidurals steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidurals steroid injections Page(s): 46.

Decision rationale: Since the epidural steroid injections are not medically necessary, sedation is also not medically necessary.