

Case Number:	CM14-0023586		
Date Assigned:	05/16/2014	Date of Injury:	06/03/2011
Decision Date:	07/23/2014	UR Denial Date:	01/29/2014
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 Occupational 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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain, posttraumatic stress disorder, posttraumatic headaches, depression, anxiety, and mood disorder reportedly associated with an industrial injury of June 3, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; opioid therapy; cervical MRI imaging of September 2011, notable for severe facet hypertrophy at C3-C4 and C4-C5 contributing to right-sided neuroforaminal stenosis; work restrictions; and at least one prior epidural steroid injection. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for cervical epidural steroid injection therapy and derivative fluoroscopy, epidurogram, IV sedation, and insertion of a cervical catheter. The claims administrator stated that the patient did not respond favorably to an earlier epidural block. The patient's attorney subsequently appealed. A repeat cervical MRI of September 17, 2013 was notable for comments that the patient had a new 2-mm central disk protrusion at C5-C6 causing mild central canal stenosis. In a progress note of October 15, 2013, a rather proscriptive 10-pound lifting limitation was endorsed. It was suggested that the patient's employer was unable to accommodate said limitation and that the patient was therefore not working. Electrodiagnostic testing of the bilateral upper extremities dated October 22, 2013 was notable for bilateral C5 cervical radiculopathy with superimposed right moderate carpal tunnel syndrome and left mild carpal tunnel syndrome. On August 12, 2013, it was stated that the patient continued to have had neck pain and was status post a cervical epidural steroid injection and diagnostic cervical facet injections, which provided only a little relief of pain. A rather proscriptive 10-pound lifting limitation was again endorsed at that point. The patient was described, moreover, as has had having received acupuncture and massage therapy. In an

October 15, 2013 progress note, it was stated that the patient's spine surgeon recommended that the patient avoid surgery at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C5-C6, EACH ADDITIONAL LEVEL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 46, Epidural Steroid Injections topic.2. MTUS 9792.20f. Page(s): 46.

Decision rationale: The patient has had at least one prior epidural block, making this request, in a fact, represent a repeat block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat blocks should be predicated on evidence of functional improvement with earlier blocks. In this case, however, the patient appears to be off of work. A rather proscriptive 10-pound lifting limitation remains in place, unchanged, from visit to visit. The patient remains reliant and dependent on various medications, including Relafen and Norco. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite previous cervical epidural steroid injection therapy. Therefore, the request is not medically necessary.

CERVICAL MYELOGRAPHY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-7 does acknowledge that myelography is scored a 4/4 in its ability to identify and define neck and upper back pathology, myelography, per ACOEM, is a tool employed for preoperative planning purposes. In this case, however, the applicant's spine surgeon has stated that the applicant is not intent on pursuing cervical spine surgery and is not presently a candidate for cervical spine surgery, effectively obviating the need for the proposed myelogram. Therefore, the request is not medically necessary.

CERVICAL EPIDUROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American Journal of Neuroradiology.2. MTUS 972.20f.3. MTUS Epidural Steroid Injections topic Page(s): 46.

Decision rationale: The MTUS does not address the topic. As noted by the American Journal of Neuroradiology (AJNR), epidurography represents a means of delivering epidural steroid injections to the appropriate targeted space. In this case, however, the epidural injection in question has been denied on the grounds that the patient did not achieve any lasting benefit or functional improvement as defined in MTUS 9792.20f through a prior epidural block. Therefore, the request for a derivative epidurogram is likewise not medically necessary.

INSERTION OF CERVICAL CATHETER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic.2. MTUS 9792.20f. Page(s): 46.

Decision rationale: The insertion of a cervical catheter was/is intended to facilitate delivery of the epidural steroid injection which, it has been noted, has been denied above, in question #1. The derivative request for an insertion of a cervical catheter is likewise not medically necessary.

FLUROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 46, Epidural Steroid Injections topic Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections should be performed under fluoroscopic guidance, in this case, the associated request for an epidural steroid injection has been deemed not medically necessary. Therefore, the derivative request for fluoroscopic guidance is likewise deemed not medically necessary.

IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 46, Epidural Steroid Injections topic.2. American Journal of Neuroradiology Page(s): 46.

Decision rationale: Like the other request, this was a request for a derivative service to be performed alongside the epidural steroid injection and epidurogram. However, those requests have been deemed not medically necessary. Therefore, this derivative request is likewise not indicated. It is further noted that the American Journal of Neuroradiology notes that epidurograms can be performed safely on an outpatient basis without any need for sedation and that the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would support usage of sedation in spite of the unfavorable guideline. Accordingly, the request is not medically necessary, for all of the stated reasons.