

Case Number:	CM14-0026518		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2011
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Emergency 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 Physician 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:

Patient with reported date of injury on 9/25/2011. Mechanism of injury was reported as occurring while setting down a heavy back pack leading to Left shoulder pain. Pt has a diagnosis of cervalgia, disc degeneration and chronic migraine. Multiple medical records from primary treating physician and consultants were reviewed. The last report was available until 5/27/14. Reports up to 5/27/14 specify that the requested cervical epidural steroid injection(ESI) was already performed on 4/14/14. There is no note or documentation stating that the ESI was approved. This review will not take into account any information or outcome that occurred after ESI since it was not yet approved. It will take into account provided information and criteria during the time period of ESI review required for medical necessary assessment according to rules of Utilization Review. Last report prior to ESI is from 3/12/14. Pt reports neck pain. Pain reportedly worst, starting in back of the head radiating to left trapezius and arm and shoulders. Pain is severe and some reported left hand weakness. The pain is 7/10 and is aching, shorting. The patient reports difficulty sleeping. Objective exam reveals tenderness to the right sub occipital region, left suboccipital region, left upper cervical facets, left mid cervical facets, right trapezius spasms and left scapular spasms. Cervical axial compression test is positive on the left and the right. Spurling test is negative. Range of motion is diffusely decreased due to pain. Strength to upper extremity is normal. Reflexes are symmetrical. Decreased sensation to left C5 dermatome. MRI of Cervical spine (12/30/13) reveals diffuse disc desiccation, most significant at C4-5 with broad based bulge to 4mm with mild central canal stenosis. No foraminal narrowing. C5-6 and C6-7 noted to have broad based bulge to 3mm with annular tear to caudal margin. The pt has attempted acupuncture, chiropractic, heat/ice treatment, massage therapy, occipital nerve block, physical therapy and TENS. Current medications include Nora-BE, tylenol and topamax. Utilization review is for

catheter directed cervical epidural steroid injection (ESI) left side at C4-5 and C-6 under fluoroscopy and monitored anesthesia (outpatient). Prior UR on 2/21/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CATH DIRECTED CERVICAL EPIDURAL STEROID INJECTION (ESI) LEFT C4-C5, C-5 - C-6 UNDER FLURO AND MONITORED ANESTHESIA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION(ESI) Page(s): 45.

Decision rationale: According to the MTUS Chronic Pain guidelines, Epidural Steroid Injections (ESI) may be recommended as an option under specific criteria. Their primary purpose is to reduce pain and inflammation to avoid surgery or to allow increased active therapy. Basic criteria for approval: 1)Radiculopathy is documented. Physical exam and corroborating MRI is consistent with radiculopathy. Meets criteria. 2)Initially unresponsive to conservative therapy. Pt has been on NSAIDs, physical therapy, is on an anti-epileptic and is still having significant pain. Meets criteria. 3)Treatment is to decrease pain, to allow pt to improve function and prevent surgery. Meets criteria. Pt meets basic criteria for recommendation for ESI. Requested procedure technique and levels requested also meets criteria. Pt meets criteria for ESI, therefore Epidural Steroid Injection is medically necessary.