

Case Number:	CM14-0027041		
Date Assigned:	06/13/2014	Date of Injury:	02/06/2006
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 50 year old female who was injured on 02/06/2006. The mechanism of injury is unknown. Prior medication history included Zanaflex, Norco, and Cymbalta. Diagnostic studies reviewed include MRI 01/20/2014 revealed C3-C4 broad-based disc protrusion causing narrowing of the right lateral ventricle and proximal right neural foramen. An X-ray of the cervical spine dated 11/25/2013 revealed a solid fusion at C4-C7 with previous corpectomy at C6. A comprehensive visit dated 02/10/2014 indicated the patient reported increased pain and discomfort in her neck pain associated with spasm. On exam, there is decreased cervical range of motion. Motor strength was 5/5 in both upper extremities. There was a well-healed scar in the neck. The patient was diagnosed with cervical radiculopathy, cervical sprain/strain injury in three levels, and cervical fusion at C4 through C7. A prior utilization review dated 02/19/2014 states the request for a pre-epidural consultation with [REDACTED] and C3-C translaminar epidural steroid injection with fluoroscopy is denied as there was limited evidence of an underlying medical condition and limited evidence of radicular pain in the dermatomal distribution of C3-C4 level and there were no documented neurological deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE EPIDURAL CONSULTATION WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations.

Decision rationale: As per ACOEM Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. There is limited evidence in the documentation provided that would warrant this type of procedure such as ongoing red flag signs or serious medical underlying conditions. This procedure is not medically necessary and as such the pre-injection consultation is not necessary.

C3-4 TRANSLAMINAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The supporting documentation shows there is limited evidence of radicular pain in the C3-C4 level. There is insufficient evidence of neurological deficits such as motor or sensory changes in the dermatomal distribution of C3-4 level that necessitate cervical epidural steroid injection. Thus, the requested procedure is not medically necessary.