

Case Number:	CM14-0031898		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2011
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic pain syndrome, adjustment disorder, major depressive disorder, and anxiety disorder reportedly associated with an industrial injury of June 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and cervical MRI imaging of September 17, 2013, apparently notable for a broad-based 2-mm disc protrusion at C5-C6 with associated mild central stenosis. In a utilization review report dated February 26, 2014, the claims administrator denied a request for cervical epidural steroid injection therapy, cervical epidurogram, and cervical myelography. The claims administrator based his denial on lack of active radiculopathy. The claims administrator did not incorporate cited guidelines into its rationale. The claims administrator did suggest, however, that the applicant may have had earlier epidural steroid injections at earlier points during the course of the claim. This was not mentioned in the denial, however. In a progress note dated August 12, 2013, the applicant was described as having persistent complaints of neck pain. It was stated that the applicant had some radiation of pain to the left and right hand. Updated cervical MRI imaging was sought. The applicant was using Relafen, Norco, Losartan, and Zocor, it was stated. It was acknowledged that the applicant had had earlier cervical epidural steroid injection therapy and a cervical facet injection, both of which only provided a little pain relief. The applicant was given a rather proscriptive 10-pound lifting limitation. It does not appear that the applicant's employer was able to accommodate said limitation. On September 9, 2013, it was again stated that earlier cervical epidural steroid injection therapy only provided a little pain relief. Massage therapy and acupuncture were likewise unsuccessful. The applicant was again described as having persistent cervical spine complaints. The applicant was using Relafen and Norco at that point in time. An

unchanged 10-pound lifting limitation was again endorsed. Finally, on May 13, 2014, the attending provider indicated that a cervical epidural steroid injection was again being sought. It was stated that electrodiagnostic testing of October 22, 2013, was interpreted as showing bilateral carpal tunnel syndrome with bilateral C5 radiculopathy. Repeat cervical epidural steroid injection therapy was again endorsed. The 10-pound lifting limitation, unchanged, was again endorsed. In an appeal letter dated February 19, 2014, the attending provider stated that the applicant was in fact contemplating cervical spine surgery. It was stated that a confirmatory cervical epidural steroid injection and/or cervical myelography might apparently lead the applicant's spine surgeon to pursue a surgical remedy. The attending provider further stated that the applicant had never had a previous cervical epidural steroid injection at the level in question, C5-C6. Rather, the applicant had undergone cervical epidural steroid injection therapy at T1-T2 in October 2011, it was stated.

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(quantity unknown): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that up to two diagnostic losses are recommended. In this case, the applicant has had electrodiagnostic testing suggestive of an active C5 cervical radiculopathy. MRI imaging is, however, somewhat equivocal, showing a small-to-moderate size disc protrusion at C5-C6 which could account for the applicant's symptoms. The attending provider stated that a diagnostic cervical epidural steroid injection could advance the decision as to whether to pursue cervical spine surgery or not. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic losses. The applicant has reportedly never had a block at the level in question. Therefore, the request is medically necessary.

Cervical myelography: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7, page 179.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-7, myelography scored at 4/4 in its ability to identify and define suspected anatomic defects. In this case, moreover, the applicant has had earlier equivocal cervical MRI imaging showing only small-to-moderate size 2-mm disc protrusion at C5-C6. Myelography could help to delineate the extent and/or magnitude of the applicant's anatomic defects and/or facilitate preoperative planning. Therefore, the request is medically necessary.

Cervical epidurogram: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ajnr.org/content/20/4/697.long1>. AJNR 1999 20: 697-7052. SPINE Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases CONCLUSION: Epidurography in conjunction with epidural steroid injections provides for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis and does not require sedation or special monitoring.

Decision rationale: The MTUS does not address the topic. As noted in the American Journal of Neuroradiology (AJNR), however, epidurography can be employed to facilitate a safe and accurate epidural steroid injection. In this case, the epidural steroid injection in question has been endorsed above, in Question #1. Therefore, the derivative request for an epidurogram is likewise medically necessary.