

Case Number:	CM14-0033368		
Date Assigned:	06/20/2014	Date of Injury:	01/24/2003
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Interventional Spine 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 45 year old with an injury date on 1/24/03. Based on the 2/13/14 progress report provided by Dr. Russ Levitan the diagnoses are headache; cervicogenic, cervical radiculopathy and failed neck surgery syndrome. An exam of C-spine on 2/13/14 showed "tenderness to palpation at C3-C4 and the patient has moderately restricted range of motion, especially forward flexion at 25 degrees. Spurling maneuver positive to right. Pain r/t right occipitoparietal area. Spasm in left lumbar. Sensory: decreased to pinprick right C5. Vibratory: decreased entire right upper extremity. Light touch: decreased right upper extremity. Decreased right upper extremity strength." Dr. Levitan is requesting two cervical epidural injections under fluoroscopic guidance with anesthesia at levels C6-C7 with catheter. The utilization review determination being challenged is dated 2/4/14 and rejects request due to lack of documentation of radiculopathy at C6-C7 level, and no EDS. Dr. Levitan is the requesting provider, and he provided treatment reports from 11/14/13 to 6/10/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Two cervical epidural injection under fluoroscopic guidance with anesthesia at levels C6-C7 with catheter.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This patient presents with neck pain that is frequent, sharp, numb, pins and needles and is s/p C1-2 fusion of unknown date, and cervical disc replacement C3-C4 from 6/21/13. The provider has asked two cervical epidural injections under fluoroscopic guidance with anesthesia at levels C6-C7 with catheter on 2/13/14. The patient is currently undergoing home exercise program per 2/13/14 report. The patient had 2 cervical epidural steroid injections on 1/13/12 and 6/18/12 at C5-C6. The 4/10/12 report stated patient has 50% relief of neck pain and improved range of motion after injection, is more comfortable doing HEP, but still has headaches. On 7/10/12, patient reported 70% relief, improved sleep, range of motion, activities of daily living. The 1/31/12 MRI of C-spine showed disc protrusion at C3-C4 with mild compression of right C3-C4 cord. At C4-C5 mild annular bulge present without focal protrusion or stenosis. Mild foraminal stenosis noted. At C5-C6 minimal bulge without protrusion/stenosis. At C6-C7, unremarkable findings." The patient has had surgery at C3-4 following this MRI and there is no updated MRI. Although the provider reports significant improvement following prior injections, this patient does not present with radiculopathy. There is no documentation of dermatomal distribution of pain down the arm. Exam findings do not show a specific nerve root dysfunction and MRI does not show a specific nerve root lesion that explains the patient's arm pain. ESI's are not indicated for general neck pain, although significant placebo responses can confuse the outcome. Therefore the request is not medically necessary.