

Case Number:	CM14-0045307		
Date Assigned:	06/27/2014	Date of Injury:	04/06/2010
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 55 year old with an injury date on 4/6/10. Based on the 3/3/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical discopathy with right upper extremity radiculopathy and associated cervicogenic headaches. 2. Lumbar spine myoligamentous injury with right lower extremity radicular symptoms. 3. Medication induced gastritis. 4. Right shoulder internal derangement, status post (s/p) subacromial decompression, April 21, 2011. Exam of C-spine on 3/3/14 showed "tenderness to palpation in posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region. Multiple trigger points/taut bands palpated throughout. C-spine range of motion moderately limited especially at extension at 30/60 degrees. Sensory exam to Wartenberg pinprick decreased along right posterior lateral arm and lateral forearm. Deep tendon reflexes: 1+ at right triceps and brachioradialis." [REDACTED] is requesting diagnostic catheter directed cervical epidural steroid injection at the right C5-C6. The utilization review determination being challenged is dated 3/20/14 and rejects request as guidelines do not show evidence of epidural steroid injections being effective for cervical pain. [REDACTED] is the requesting provider, and he provided treatment reports from 10/15/13 to 3/3/14. C-spine MRI from 6/7/13 reveals degenerative disc disease with 2mm disc protrusions throughout C-spine and most significant at C4-5 and C5-6 where there is mild/moderate foraminal narrowing with associated facet and uncovertebral joint hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic Catheter-Directed Cervical Epidural Steroid Injection at the Right C5-C6:
Upheld

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

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

Decision rationale: This patient presents with ongoing neck pain radiating to right shoulder and into medial scapular region, back pain and is s/p subacromial decompression from 4/21/11. The treater has asked diagnostic catheter directed cervical epidural steroid injection at the right C5-C6 on 3/3/14. Patient has shown unresponsive to conservative care including physical therapy, time, and medical management for 3 months per 3/3/14 report. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain with no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. Given patient's chronic, persistent radicular symptoms radiating into arm with corresponding MRI showing herniation at C4-5 and C5-6, an ESI may be appropriate. However, the treater has asked for catheter guided injection which is not discussed in any of the guidelines. There is currently lack of medical support for the use of catheter guided ESI. Request is not medically necessary.