

Case Number:	CM14-0045768		
Date Assigned:	07/02/2014	Date of Injury:	02/06/2006
Decision Date:	08/25/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiology, has a subspecialty in Pain 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 patient is a 50-year-old female with a 2/6/06 date of injury. MRI of the cervical spine dated 1/20/14 revealed at C3-4 a broad based disc protrusion which flattens the ventral thecal sac; mild mass effect on the ventral aspect of the spinal cord, but no epidural signal of the spinal cord. The disc protrusion is slightly eccentric to the right and associated with a right uncovertebral osteophytes causing mild right lateral recess narrowing and minimal proximal right neural foraminal narrowing. All other levels did not reveal any significant disc protrusion or neural foraminal narrowing. The patient was noted to be status post ACDF from C4-C7 with no significant posterior disc abnormalities at these levels. There was no significant lateral recess or neural foraminal narrowing. On 1/29/14 the patient reported ongoing cervical spine pain with frequent and significant headaches. Pain radiates to the right arm with tingling and the patient has dropped items. Clinically, examination was noted to be unchanged. Cervical epidural steroid injection at C3-4 was requested. Progress note dated 3/12/14 described progressively worsening neck pain. The patient has frequent headaches and posterior neck pain with radiation down into the peri-scapular area. There is also right arm pain and tingling. Cervical spine range of motion is reduced and Spurling's test bilaterally increases with pain in the cervical spine. It was noted that the epidural steroid injection is requested for the patient's radicular pain, and that the main purpose for ESI is to improve radicular pain. The C3 for epidural injection was appealed, as well as consultation prior to the ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Epidural Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Neck and Upper Back Procedure Summary (updated 3/7/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: Medical necessity for the pre-epidural consultation is not established. The patient is pending cervical epidural steroid injection; however there is no documentation of any significant comorbidity placing the patient at increased risk for complications following the cervical ESI. Generally preoperative clearance is indicated for patients who are undergoing surgical intervention, and those are at increased risk or with significant comorbidities prior to invasive treatments. This has not been documented and the request is not substantiated.

C3-4 Translaminar Epidural Steroid Injection with Fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guidelines.

Decision rationale: Medical necessity for the requested cervical ESI is established. The patient underwent ACDF at C4-7, and imaging from 1/20/14 did not reveal any significant issues at other levels, except for a broad-based disc protrusion at C3-4. The patient remained symptomatic despite conservative treatment. A letter of appeal from 3/12/14 stated that the patient has worsening neck pain with frequent headaches and radiation down into the periscapular area. The California MTUS support cervical ESI for patients with radicular pain that has been unresponsive to conservative treatment. It should be noted that there was a prior adverse determination for lack of any neurologic deficits consistent with the C3-4 level. The C4 exiting nerve provides a small component of motor function to the trapezius however presents mainly with pain over the shoulder and base of the neck. Since the patient has a two level ACDF with persistent neck pain and arm pain, where there is a broad-based disk protrusion at a junctional level above, with mass effect on the cord, the epidural injection is medically necessary prior to consideration of any surgical intervention.