MAXIMUS Federal Services

Case Number:	CM14-0062709		
Date Assigned:	07/11/2014	Date of Injury:	11/04/1997
Decision Date:	09/17/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 59-year-old female with a reported date of injury on 11/04/1997. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include degenerative disc disease and facet arthropathy of the cervical spine (multilevel), multilevel herniated nucleus pulposus of the cervical spine with moderate stenosis, cervical radiculopathy, bilateral carpal tunnel syndrome, and neural foraminal narrowing to C4-5 on the left. The progress note dated 03/04/2014 revealed the injured worker complained of neck pain rated 6/10 with a tense sensation. The injured worker revealed that she felt constant weakness in her neck and reported a decreased range of motion. The injured worker reported a numbing/tingling sensation that radiated down her upper extremities all the way to her fingers. The physical examination revealed tenderness to palpation to the cervical spine midline, in addition to the right sided paraspinal muscles, and trapezius tenderness was noted. The range of motion to the cervical spine was decreased in all planes. The upper extremity sensation was decreased to the right C8 distribution, and the motor examination was 4+/5 for the bilateral wrist flexors and extensors, 4+/5 for internal and external rotators bilaterally. The motor examination was limited due to pain, and the Spurling's maneuver was positive on the right. The provider indicated an unofficial electromyography/nerve conduction study dated 04/12/2010 revealed the right median motor displayed a prolonged distal latency and it may be the beginning of a compression occurring at the carpal tunnel or pronator teres. The Request for Authorization form dated 03/04/2014 was for an ILESI to target C4-5, C5-6 to be introduced through a C7-T1 catheter; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ILESI to target C4-5. C5-6 to be introduced through a C7-T1 catheter as an outpatient: Upheld

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

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

Decision rationale: The request for 1 ILESI to target C4-5, C5-6 to be introduced through a C7-T1 catheter as an outpatient is not medically necessary. The injured worker has decreased sensation in the right C8 distribution and the motor examination was 4+/5 of the bilateral wrist flexors and extensors with a positive Spurling's. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The documentation provided indicated the decreased sensation was in the C8 dermatome; however, the goal of the epidural steroid injection was for C4-5. There was a lack of documentation regarding a previous MRI or electrodiagnostic testing to confirm cervical radiculopathy. The physical examination findings are not consistent with a C4-6 cervical radiculopathy. Additionally, there is a lack of documentation regarding if previous epidural steroid injections have been attempted. Therefore, the request is not medically necessary.