

Case Number:	CM14-0063534		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2000
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Pain Management and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported injury on 10/25/2000. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of spinal fusion at the C4-5, adjacent disc herniation at C3-4 with marked foraminal stenosis and left greater than right nerve compression; bony hyperostosis, and neural foraminal stenosis C5-6; severe mechanical axial neck pain and headaches. The injured worker's past medical treatment includes physical therapy, home exercise program, a gym membership, and medication therapy. Medications include Percocet, Neurontin, Baclofen, Senna, Cymbalta, and topical creams for chronic pain management. An MRI that was obtained on 03/14/2014 of the cervical spine revealed that there was anterior spinal fusion with anterior plate and screws, and intervertebral fusion device. There was a 3 mm left paracentral posterior disc protrusion and plate osteophyte complex with central and right paracentral extension indenting the thecal sac and slightly impinging on the left anterior spinal cord. There was mild to moderate central canal stenosis. There was hypertrophy of the uncovertebral joint. There was mild neural foraminal stenosis. Artifact from hardware limited the evaluation of the C3-4. The injured worker was status post decompression and fusion of the cervical spine, status post repeat posterior decompression with residuals, status post anterior cervical decompression and fusion on 08/13/2013, and postoperative muscle atrophy. The injured worker complained of constant neck pain, which he rated at an 8-9/10, with intermittent radiation to the left trapezius. The injured worker also continued to experience constant chronic low back pain which he rated at 7-8/10 with intermittent radiation to the bilateral hips, down to the feet. He also stated that his neck and low back pain remained the same since his last visit. Physical examination that was dated 03/17/2014 revealed that the injured worker had tenderness to palpation throughout his incisional

sites in the neck. There was also some paracervical atrophy with visible and palpable divot or lack of muscles that demonstrated atrophy of his paralumbar muscles. In the lumbosacral spine, there was a flattening of the muscle contour. While in the cervical spine, there was beyond flattening. There was a valley in the area where his muscles were bulging as evidence of atrophy. There was no pertinent evidence of any range of motion or muscle strength documented in the submitted report. There was no dosage, duration, or frequency submitted with the medications. The treatment plan is for the injured worker to have epidural steroid injections at the left C3-4 and right C3-4 levels. The rationale for the request is the provider felt the injections would help manage the injured worker's pain levels. The Request for Authorization for m was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Epidural Catheterization at C3-C4 Right side: 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 Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESIs.

Decision rationale: The request for Selective Epidural Catheterization at C3-C4 Right side is not medically necessary. The injured worker complained of constant neck pain, which he rated at an 8-9/10, with intermittent radiation to the left trapezius. The injured worker also continued to experience constant chronic low back pain which he rated at 7-8/10 with intermittent radiation to the bilateral hips, down to the feet. He also stated that his neck and low back pain remained the same since his last visit. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for an Epidural Steroid injection that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and it must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. California MTUS guidelines recommend for repeat Epidural steroid injection, "there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Official Disability Guidelines (ODG) guidelines state that "diagnostic ESIs are to help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of multi-level nerve root compression; to help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. Dermatomal distribution), and imaging studies have suggestive cause for symptoms but are

inconclusive; and to help to identify the origin of pain in patients who have had previous spinal surgery." The submitted report indicated that the injured worker's pain had no change in location, quality, and intensity of character. The submitted documentation revealed that current pain medications provided 60% to 70% pain relief. The report did not show any indication of the medications being effective or ineffective to the injured worker's functionality. Furthermore, the guidelines stipulate that radiculopathy must be documented by physical examination and corroborated by imaging studies. The report lacked any evidence of radiculopathy in the report dated 05/09/2014. Furthermore, the MRI dated 05/12/2014 did not reveal any signs of radiculopathy at the C3-4 level. As such, the request for selective epidural catheterization at C3-4 to the right side is not medically necessary.

Selective Epidural Catheterization at C3-C4 left side: 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 Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESIs.

Decision rationale: The request for Selective Epidural Catheterization at C3-C4 left side is not medically necessary. The injured worker complained of constant neck pain, which he rated at an 8-9/10, with intermittent radiation to the left trapezius. The injured worker also continued to experience constant chronic low back pain which he rated at 7-8/10 with intermittent radiation to the bilateral hips, down to the feet. He also stated that his neck and low back pain remained the same since his last visit. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for an Epidural Steroid injection that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and it must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. California MTUS guidelines recommend for repeat Epidural steroid injection, "there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." (ODG) guidelines state that "diagnostic ESIs are to help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of multi-level nerve root compression; to help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. Dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive; and to help to identify the origin of pain in patients who have had previous spinal surgery." The submitted report indicated that the injured worker's pain had no change in location, quality, and intensity of character. The submitted documentation revealed that current pain medications provided 60% to 70% pain relief. The report did not show any indication of the medications being effective or ineffective to the injured worker's functionality. Furthermore, the guidelines stipulate that radiculopathy must be documented by physical examination and corroborated by imaging studies. The report lacked any evidence of radiculopathy in the report dated 05/09/2014. Furthermore, the MRI dated 05/12/2014 did not reveal any signs of radiculopathy at the C3-4 level. As such, the request for selective epidural catheterization at C3-4 to the left side is not medically necessary.

