

Case Number:	CM14-0076172		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2008
Decision Date:	08/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopedic Surgery 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 injured worker is a 40 year old female with a date of injury of 11/02/2008. Mechanism of injury pertaining to the cervical spine is not included for review. The patient underwent interlaminar cervical epidural steroid injections (ESI) at C6-7 on 4/9/12 under IV sedation. The operative report indicates the C6-7 level was chosen because of the relative large epidural space compared to higher cervical levels. An MRI of the cervical spine dated 10/25/12 reveals multilevel disc disease, mild spinal stenosis at C4-5 and mild left foraminal stenosis secondary to uncovertebral spurring at C5-6 and C6-7. At C5-6 there is moderate spinal stenosis with a stable right dorsal disc protrusion causing mild mass effect on the cord. The records include a reference to a follow-up examination dated 5/3/12 which reportedly noted the injured worker experienced 50% improvement from injection on 4/9/12. Additional C6-7 interlaminar ESI were reportedly performed on 7/1/12, and 7/1/13. Orthopedic evaluation on 12/5/13 includes cervical range of motion findings revealing forward flexion is 28, extension is 30, right lateral flexion is 20, and left lateral flexion is 34. The patient's bilateral lateral rotation is normal at 80. This note reports there is no evidence of radiating pain to the upper extremities on cervical motion. Neurovascular examination of the upper extremities reports sensation is intact, deep tendon reflexes are 2+ and motor strength is 5/5 globally. Phalen test and Tinel's sign are negative. Orthopedic evaluation dated 5/2/14 reports the cervical spine was examined and compared to the report from 12/5/13 and there were no significant observed functional changes. Clinical note dated 5/5/14 includes the patient's report of pain getting a little bit worse. The patient reportedly feels the ESI from July 2013 is now starting to wear off and would like another injection. The physical examination reveals 5/5 bilateral upper extremity strength, sensation that is slightly diminished in the left middle finger but otherwise intact and negative Spurling's sign is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C 6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines 2014 on-line- Criteria for the use of epidural steroid injections, therapeutic; Official Disability Guidelines - Treatment in Worker's Compensation - Neck and Upper Back (Acute and Chronic) Updated 12/16/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: The documentation submitted for review failed to reveal objective evidence of radiculopathy. Orthopedic evaluation on 12/5/13 and 5/2/14 report no radicular pain, diminished sensation, abnormal reflexes or decreased strength about the bilateral upper extremities. Guideline criteria for epidural steroid injections (ESI) include documented objective radicular findings. Based on the clinical information submitted for review, medical necessity for a cervical epidural steroid injection at C6-7 is not established. Therefore the request is not medically necessary.

Conscious Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ajnr.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatment, Epidural Steroid Injections section Page(s): 46 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Epidural Steroid Injection (ESI) section and CPT Index.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.