MAXIMUS Federal Services

Case Number:	CM14-0093962		
Date Assigned:	07/25/2014	Date of Injury:	11/16/2011
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for chronic cervicalgia, cervical DDD, chronic low back pain, bilateral sciatic pain, lumbar DDD, chronic left knee internal derangement, left hand pain of as yet unknown etiology, incidental findings suggestive of left cubital and carpal tunnel syndrome with negative electrodiagnostic studies, and relevant history of prior lumbar injury of 2008 and of hypertension associated with an industrial injury date of 11/16/2011. Medical records from 05/02/2012 to 07/02/2014 were reviewed and showed that patient complained of chronic neck pain graded 3-6/10 radiating down the left upper extremity. Physical examination revealed tenderness and spasm over the left cervical paraspinal region. Normal cervical spine ROM was noted. DTRs and sensation of upper extremities was intact. MMT of left hand interossei was 4+/5 otherwise 5/5 throughout the upper extremities. Spurling's maneuver was negative bilaterally. EMG of the upper extremities dated 01/21/2014 was unremarkable. Cervical MRI dated 12/28/2011 revealed C5-6 central canal stenosis, C4-5 and C6-7 central canal stenosis, and C7-T1disc protrusions that do not produce impingement on the cord. Treatment to date has included one reported cervical ESI C7-T1 (02/22/2012), one reported repeat cervical ESI C7- T1 (08/2012), 01/21/2014, and pain medications. Of note, the patient allegedly did not benefit from 1st cervical ESI. The patient allegedly had 50% neck pain reduction for 4-5 months (11/18/2013) with repeat ESI. There was confusion concerning the date, quantity, and outcome of previous cervical ESIs throughout the medical records. There was no available documentation of reported ESIs as well. Utilization review dated 05/22/2014 denied the request for C5-6 cervical epidural steroid injection because previous cervical epidural injection did not help at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical 5-6 Epidural Steriod Injection # 1: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Current research recommends no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; Repeat blocks should be based on continued objective documented pain 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. In this case, the patient complained of neck pain radiating down left upper extremity. Physical exam findings include weakness of left hand interossei, normal DTRs and sensation of upper extremities, and negative Spurling's maneuver bilaterally. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support presence of radiculopathy. MRI of the cervical spine was done on 12/28/2011 with results of C7-T1 disc protrusion with no evidence of cord impingement. Hence, the patient's objective findings and imaging studies do not yield evidence of radiculopathy to support ESI. Of note, the patient reportedly underwent 2 cervical ESIs. However, there was confusion concerning the date, quantity, and outcome of previous cervical ESIs throughout the medical records. There was no available documentation of reported ESIs as well. The patient's response to previous cervical ESI, if there is any, is unclear and needs more documented information at this time. Furthermore, there was no documentation of other rehab efforts. The guidelines state that ESIs should be used in conjunction with ongoing rehabilitation. Lastly, the request failed to specify if the ESI will be done under fluoroscopic guidance which is recommended by the guidelines. Therefore, the request for Cervical 5-6 Epidural Steriod Injection # 1 is not medically necessary.