

Case Number:	CM14-0003403		
Date Assigned:	01/31/2014	Date of Injury:	08/01/1993
Decision Date:	02/05/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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 Rehab, has a subspecialty in Interventional spine 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 54-year-old male with date of injury of 08/01/1993. The listed diagnoses from 11/19/2013 are: 1. Cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy; 2. Thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10; 3. Lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy; 4. Bilateral peroneal neuropathy; 5. Bilateral knee internal derangement, right greater than left; 6. Left ankle traumatic arthritis; 7. Reactionary depression/anxiety; 8. Medication induced gastritis; 9. Non-insulin-dependent diabetes Mellitus; 10. Bilateral ulnar nerve entrapment. According to this report, the patient recently underwent a lumbar epidural steroid injection on October 7, 2013 which provided 60% pain relief to his lower back as well as radicular symptoms. The treater states, "the [patient] consistently gets anywhere from three to six months of relief following lumbar epidural steroid injections." The patient's cervical spine has been bothering him more and more recently as well as the radicular symptoms radiating into the upper extremities. His previous electrodiagnostic study revealed a right C6 nerve root irritation impossible bilateral C8, T1 cervical radiculopathy. The patients updated electrodiagnostic study of the bilateral upper extremities showed bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment at the elbow. Examination of the cervical spine reveals tenderness to palpation along the posterior cervical musculature bilaterally with decreased range of motion. He has significant muscle rigidity along the cervical musculature, upper trapezius and medial scapular regions. Decreased sensation with Wartenberg's pinwheel along the lateral arm and forearm bilaterally. Tinel's sign along the ulnar groove bilaterally is positive. He has diffused muscle atrophy along the thenar and hypothenar muscles bilaterally. Profound loss of sensation in the ulnar nerve distribution from the wrist proximal and distal. The treater references a cervical

MRI from August 3, 2010 that reveals a 2 mm posterior disc protrusion with hypertrophic facet changes at C6-7. Treatment reports from 04/11/2013 to 12/12/2013 were provided for review. The utilization review denied a request on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC CATHETER DIRECTED CERVICAL ESI AT C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46, 47.

Decision rationale: This patient presents with cervical spine pain with radicular symptoms into the upper extremities. The treater is requesting a DIAGNOSTIC CATHETER DIRECTED CERVICAL ESI AT C6 - 7. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain."The records do not show any previous cervical epidural steroid injection. However, the treater references a lumbar epidural steroid injection in from 10/07/2013 that provided 60%, the duration of relief for this LESI was not provided. But, prior medical history reports 3-6 month pain relief. The MRI from August 3, 2010 showed a 2 mm posterior disc protrusion with hypertrophic facet changes at C6 -7. The examination from the 11/19/2013 report showed radicular pain following a dermatomal pattern at C7. In this case, the patient meets the criteria for a cervical epidural steroid injection. The request IS medically necessary.