

Case Number:	CM14-0186817		
Date Assigned:	11/14/2014	Date of Injury:	03/01/2004
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 62-year-old male with a 3/1/04 date of injury and status post anterior cervical discectomy and fusion at C4-5 and C5-6 on 8/18/06. At the time (10/23/14) of the decision for authorization for Cervical ESI at C4-5 and C5-6 and Epidurogram, there is documentation of subjective (neck pain with radiculopathy into the bilateral upper extremities with numbness and tingling) and objective (diffuse weakness of the bilateral upper extremities) findings, imaging findings (MRI of the cervical spine (9/10/14) report revealed no recurrent herniation or stenosis at C4-5 and C5-6), current diagnoses (cervical disc degeneration, cervical post-laminectomy syndrome, and brachial neuritis), and treatment to date (cervical epidural injection 6 months ago with pain relief; and medications). Medical reports identify that the patient routinely receives epidural injections with excellent response. There is no documentation of at least 50-70% pain relief for six to eight weeks, no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration, cervical post-laminectomy syndrome, and brachial neuritis. In addition, there is documentation of multiple previous cervical epidural injections; with the last one performed about 6 months ago. However, despite documentation of excellent response following previous cervical epidural injections, there is no (clear) documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. In addition, given documentation that the patient routinely receives epidural injections, there is no (clear) documentation of no more than 4 blocks per region per year. Therefore, based on guidelines and a review of the evidence, the request for Cervical ESI at C4-5 and C5-6 is not medically necessary.

Epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (J Anaesth Clin Pharmacol 2004; 20(3), 239-244)

Decision rationale: MTUS and ODG do not address this issue. An online search identifies documentation of a diagnosis/condition for which an epidurogram is indicated (such as: non diagnostic physical findings and a negative or equivocal lumbar myelogram; radiculopathy; failed response to epidural steroids; post laminectomy failed syndrome; post surgical irritation lasting longer than 3 weeks; failed back after conservative therapy; patients with pacemaker where MRI is contraindicated; or as a confirmative test for epidural placement of catheter, drugs and/or as a preliminary procedure before epiduroscopy), as criteria necessary to support the medical necessity of an epidurogram. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration, cervical post-laminectomy syndrome, and brachial neuritis. In addition, there is documentation of a request for Cervical ESI at C4-5 and C5-6 with an epidurogram. However, given that the associated request for cervical ESI is not medically necessary, there is no documentation of a diagnosis/condition for which an epidurogram is indicated (a confirmative test for epidural placement of catheter and/or as a preliminary procedure before epiduroscopy). Therefore, based on guidelines and a review of the evidence, the request for Epidurogram is not medically necessary.

