

Case Number:	CM14-0191909		
Date Assigned:	11/25/2014	Date of Injury:	05/28/2013
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management and Rehabilitation, 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 59 year old male with an injury date of 05/28/13. As per progress report dated 09/18/14 (only one page is available, other pages are missing), the patient complains of chronic cervical pain that radiates to the upper extremities bilaterally. Physical examination reveals tenderness to palpation in the paravertebral muscles of the cervical spine along with decreased range of motion on flexion and extension. There is decreased grip strength bilaterally along with decreased sensation along the C6 and C7 dermatomal distribution bilaterally. As per progress report dated 07/28/14, the patient also suffers from right shoulder pain and weakness in spite of undergoing arthroscopy (date not provided). He has difficulty performing activities of daily living. Physical examination reveals impingement over the right shoulder along with loss of motor strength. Cervical pain reaches 7/10 with certain activities, based on progress report dated 06/26/14. The patient is status one cervical epidural injection on 06/11/14, as per the same progress report. His medications, as per progress report dated 09/18/14, include ProliSec, Relafen, Norco, Tramadol and Ambien. Injured Worker's MRI of the Cervical Spine, 09/12/13 revealed the following:- Cervical spondylosis C3-C4 through C7-T1 discs- At C6-C7: 3 mm posterior osteophyte disc complex; Severe narrowing of C6-C7 neural foramen bilaterally- At C4-C5: 2.5 mm posterior osteophyte disc complex; Severe narrowing of the C4-C5 neural foramen- At C5-C6: 2 mm posterior osteophyte disc complex; Moderate narrowing of the C5-C6 neural foramen. All pages of his report for EMG/NCV on 07/16/14, are not available. Hence, findings cannot be determined. Diagnoses, on 07/28/14 included the following:- Cervical disc displacement without myelopathy- Cervical radiculopathy- Shoulder impingement. The treator is requesting for Cervical Epidural Injection C6-C7. The utilization review determination being challenged is dated 10/21/14. The rationale was "In particular, there is no documentation that

prior epidural resulted in at least 50% pain relief with associated reduction of medication use for six to eight weeks." Treatment reports were provided from 09/12/13 - 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C6-7: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI under chronic pain section Page(s): 46 and 47.

Decision rationale: The patient presents with chronic cervical pain that radiates to the upper extremities bilaterally, as per progress report dated 09/28/14. The pain increases to 7/10 with activity, as per progress report dated 06/26/14. The request is for Cervical Epidural Injection C6-C7. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Pages 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing".The patient has received one cervical epidural injection on 06/11/14, as per progress report dated 06/26/14. In progress report dated 07/28/14, the treater states that "The patient was provided with one cervical epidural injection which helped reduce his pain, reduce his radiculopathy, and increase his functional capacity by 60-70% however, at this time, his pain has recurred and he continues to be symptomatic." In progress report dated 11/04/14 (after the UR date), the treater states the patient received the injection on 06/11/14 and "On a subsequent visit on 07/24/14, he was still benefitting from the procedure with a Verbal Analog Score of 5/10, stating the improvement was still more than 50%." This indicates that the injection was beneficial for at least 6 weeks but the treater did not discuss the impact of the injection on medication dosage. However, physical examination, as per the 09/18/14 progress report, reveals tenderness in the paravertebral musculature along with reduced sensation in C6 and C7 dermatomal distribution. MRI report dated 09/12/13 indicated neural foraminal narrowing. Based on physical examination report, imaging studies, and substantial benefits obtained from prior Cervical Epidural Injection, the request for Cervical Epidural Injection C6-7 is medically necessary.