

Case Number:	CM14-0206249		
Date Assigned:	12/18/2014	Date of Injury:	12/26/2003
Decision Date:	02/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with the date of injury of December 26, 2003. A utilization review determination dated December 4, 2014 recommends non-certification of an interlaminar cervical epidural steroid injection with fluoroscopic guidance and conscious deletion. A progress note dated November 21, 2014 identifies subjective complaints of aching pain of the neck radiating up to the head causing headaches and radiating down to the right arm. The patient states that with the use of gabapentin and Norco she is able to take care of her home, do household chores, and provide for self-care. The patient is not complaining of a lot of numbness and tingling or weakness of the extremities. She has a little bit of tingling in the right-hand. The patient states her pain levels are a 10/10 without medication and is reduced to 7/10 with medications. Her pain is worse with prolonged positions and is decreased with medication. The physical examination identifies moderate tenderness in the paraspinal muscles of the cervical spine and in the upper trapezius more so on the right. Range of motion of the cervical spine is significantly limited in all fields and sensation is decreased of the right lateral arm more so than the last. The diagnoses include chronic pain syndrome, cervical disc disease, cervical spine stenosis, lumbar disc disease, thoracic disc disease, and headaches. The treatment plan recommends a request for an extension on the authorization of the cervical epidural steroid injection at C6-7 with conscious sedation under fluoroscopic guidance. The treatment plan also recommends a prescription for Norco #90, a prescription for gabapentin 600 mg #60, and a urine drug screen. An MRI report of the cervical spine dated August 22, 2014 reveals at C2-3 marked left facet arthrosis which results in left neuroforaminal narrowing, at C3-4 a 3 mm disc osteophyte complex which results in canal stenosis and bilateral neural foraminal narrowing rated moderate on the left, at C4-5 a 4mm broad-based disc osteophyte complex which results in moderate canal stenosis, moderate right neuroforaminal narrowing and moderate to severe left neuroforaminal narrowing, at C5-6 a 4mm

disc bulge which results in moderate canal stenosis and moderate right neuroforaminal narrowing as well as severe left neural foraminal narrowing, and at C6-7 a 2-3mm disc bulge which results in canal stenosis and bilateral neural foramina narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Cervical Epidural Steroid Injection with fluoroscopic guidance and conscious sedation: Upheld

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

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

Decision rationale: Regarding the request for an interlaminar cervical epidural steroid injection with fluoroscopic guidance and conscious sedation, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no documentation of failed conservative treatment such as physical therapy or medications. In the absence of such documentation, the currently requested interlaminar cervical epidural steroid injection with fluoroscopic guidance and conscious sedation is not medically necessary.