

Case Number:	CM14-0208677		
Date Assigned:	12/22/2014	Date of Injury:	04/30/2010
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female with an injury date of 04/30/10. Based on the 11/20/13 progress report, the patient has persistent pain in her neck and low back pain. She also has symptomatology in his left knee and left ankle. There is paravertebral tenderness from the mid to distal lumbar segments, pain with terminal motion, a positive seated nerve root test, and dysesthesia at the L5 and S1 dermatomes. In regards to the left knee, there is tenderness at the medial joint line, positive McMurray's sign, positive patellar compression test, and pain with terminal flexion. For the left ankle, there is tenderness at the anterolateral aspect. The 10/28/14 report states that the patient has right shoulder and neck pain, which radiates to her upper extremity. She has headaches, paresthesia in the hand, numbness/weakness in the arm, swelling, and rates her pain as an 8/10. On axial compression of the cervical spine, there is right trapezius tenderness. She has muscles spasms, and tenderness to palpation in the trapezial area. Cervical spine range of motion is restricted. Upper extremity sensation to light touch is diminished, over the C5 and C6 dermatome. The 02/05/14 MRI of the cervical spine revealed the following: 3 to 4 mm posterior C5-C6 disc protrusion, 2 to 3 mm posterior C6-C7 disc protrusion indents the anterior thecal sac. The patient's diagnoses include the following: Degeneration of cervical intervertebral disc, Cervical disc displacement, Cervical radiculitis. The utilization review determination being challenged is dated 11/20/14. There were two treatment reports provided from 11/20/13 and 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 Cervical Epidural Steroid Injection: Upheld

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

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

Decision rationale: The patient presents with degeneration of cervical intervertebral disc, cervical disc displacement, and cervical radiculitis. The request is for a bilateral c5-c6 cervical epidural steroid injection. The patient has neck pain which radiates to her upper extremity, a restricted cervical spine range of motion, diminished sensation over C5 and C6 dermatomes, muscles spasms, tenderness to palpation in the trapezial area, and on axial compression of the cervical spine, there is right trapezius tenderness. The 02/05/14 MRI of the cervical spine revealed a 3 to 4 mm posterior C5-C6 disc protrusion. The 10/28/14 report states that the patient's "symptoms of neck pain is becoming worse. Patient states the daily neck pain is making it difficult for her to perform daily ADL (cooking, showering, dressing, cleaning). Patient states her quality of life is decreasing." In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, 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." The utilization review denial letter states that the patient "is status post left C5-C6 epidural steroid injection on 03/03/14 resulting in 30-40 percent relief with functional improvements." MTUS requires at "least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. The patient only had a 30-40% relief, which is not indicated by MTUS guidelines. Furthermore, there is no documentation of a reduction in medication use for six to eight weeks nor is there any clear documentation of radiculopathy on both side for which an ESI may be indicated. The requested bilateral C5-C6 cervical epidural steroid injection is not medically necessary.

Monitored Anesthetic Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injections

Decision rationale: The patient presents with degeneration of cervical intervertebral disc, cervical disc displacement, and cervical radiculitis. The request is for MONITORED ANESTHESIC CARE. The patient's "symptoms of neck pain is becoming worse. Patient states

the daily neck pain is making it difficult for her to perform daily ADL (cooking, showering, dressing, cleaning). Patient states her quality of life is decreasing... Patient would like to have IV sedation because of fear of spinal injection."ODG Guidelines Pain Chapter under Epidural Steroid Injections states the following: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthasias associated with spinal cord irritation."The patient has neck pain which radiates to her upper extremity, a restricted cervical spine range of motion, diminished sensation over C5 and C6 dermatomes, muscles spasms, tenderness to palpation in the trapezial area, and on axial compression of the cervical spine, there is right trapezius tenderness. The requested cervical spine epidural steroid injection has been denied. Furthermore, ODG Guidelines do not seem to support anesthesia for ESI's. The requested monitored anesthetic care is not medically necessary.

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AJNR Am J Neuroradiol. 2005 Mar;26(3):502-5

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: No guidelines: I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand.

Decision rationale: The patient presents with degeneration of cervical intervertebral disc, cervical disc displacement, and cervical radiculitis. The request is for an EPIDUROGRAPHY. Diagnostic epidurography is performed to assess the structure of the epidural space in the spine. The patient's "symptoms of neck pain is becoming worse. Patient states the daily neck pain is making it difficult for her to perform daily ADL (cooking, showering, dressing, cleaning). Patient states her quality of life is decreasing... Patient would like to have IV sedation because of fear of spinal injection."This request is in the context of a cervical epidural steroid injection at the C5-C6 level. Epidurography is not something that is required for an ESI. An injection of dye into the epidural space for confirmation of injectate location is part of the procedure and does not require separate billing. MTUS and ODG do not specifically discuss epidurography. The treater does not discuss epidurography or the specifics of the procedure in the reports provided. The patient has neck pain which radiates to her upper extremity, a restricted cervical spine range of motion, diminished sensation over C5 and C6 dermatomes, muscles spasms, tenderness to palpation in the trapezial area, and on axial compression of the cervical spine, there is right trapezius tenderness. None of the guidelines discuss epidurography. Furthermore, the requested cervical spine epidural steroid injection has been denied. The requested epidurography IS NOT medically necessary.