

Case Number:	CM15-0100693		
Date Assigned:	06/03/2015	Date of Injury:	05/14/2013
Decision Date:	07/01/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 48-year-old female, with a reported date of injury of 05/14/2013. The diagnoses include headaches, cervical spine strain/sprain with myalgia, rule out cervical spine disc displacement, cervical spine radiculitis, and thoracic spine strain/sprain with myalgia. Treatments to date have included an MRI of the cervical spine on 03/11/2015 which showed slight broad right apical curvature, no evidence of fracture, and a 1-2 mm rightward bulge with mild right neural foraminal stenosis at C5-6, with a slightly reduced central canal greater on the right; chiropractic treatment; and oral medications. The re-evaluation report dated 02/19/2015 indicates that the injured worker complained of headaches, rated 7-9 out of 10, cervical spine (neck) pain with radiation to the bilateral upper extremities, rated 6-9 out of 10, and thoracic spine pain, rated 0-5 out of 10. It was noted that she had difficulty performing her activities of daily living due to the pain. Stress and cervical spine movement exacerbated the headaches. The physical examination of the cervical spine showed a normal lordotic curvature, tenderness to palpation of the cervical spine spinous processes and supraspinous ligaments, tenderness to palpation of the bilateral cervical spine paraspinal musculature and trapezius muscles, tenderness to palpation of the bilateral suboccipital muscles, pain with range of motion, decreased range of motion, normal motor strength, and diminished sensation with light touch and pin prick of the C5-C8 radial nerve. The treating physician requested one right C5-C6 selective epidural catheterization under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical C5-C6 Selective Epidural Catheterization under Fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, under ESI.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The latest release of the evidence-based guide, ODG, is not supportive. They note: Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. (Peloso- Cochrane, 2006) (Peloso, 2005) The request is not medically necessary.