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| Case Number: | CM15-0167927 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 10/22/2003 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 66 year old female who sustained an industrial injury on 10-22-03. A review of the medical records indicates that the injured worker is undergoing treatment for cervical stenosis and lumbar spondylolysis. Medical records (12-15-14 to 5-6-15) indicate that she has had ongoing, constant pain in her neck, both arms, back, and both legs. She described the pain as moderate, which has not improved or worsened on review. In January 2015, she reported that she was not able to walk. Her ability to walk advanced through May 2015. However, she was noted to have falls in April and May 2015. The provider indicated a "normal gait" on the 4-6-15 progress note. She has not returned to work per the May 2015 progress note. The physical exam has unchanged, noting that she was "neurologically intact" (12-15-14 to 5-6-15). The treatment has included at least 6 sessions of physical therapy, pain medications, transforaminal epidural at left L4-5, L5-S1, and work restrictions. A cervical MRI was completed on 4-21-15, showing "stenosis with indenting of her spinal cord mainly at C3-4, but also at C4-5 and C5-6" per the treating physician note dated 5-6-15. The original utilization review (8-21-15) denied cervical CT myelogram, indicating that the requesting physician had not recorded any physical examination of the cervical spine to support cervical spine surgery and that a recent EMG did not record any cervical radiculopathy. The cervical epidural was also denied, stating that radiculopathy must be documented by physical examination and the 5-6-15 exam did not record any cervical spine neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic CT (computed tomography) Myelogram, Cervical Spine, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Myelography; Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter- Myelogram and pg 37.

Decision rationale: CT Myelogram is not recommended except for selected indications below, when MR imaging cannot be performed. According to the guidelines, Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, post spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia; b. Technical issues, e.g., patient size; c. Safety reasons, e.g., pacemaker; d. Surgical hardware. In this case, the claimant had a recent MRI and there was no mention of the concerns outlined above. Examination of the cervical spine at the time of the request was not provided. The request for the CT Myelogram is not medically necessary.

Cervical epidural 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 ESI Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two

weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the exam findings do not indicate cervical radiculopathy. An EMG was requested to determine if there is radiculopathy. The level of ESI was not specified. The request for the cervical ESI is not medically necessary.