

Case Number:	CM15-0199980		
Date Assigned:	10/15/2015	Date of Injury:	05/03/2013
Decision Date:	11/24/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/12/2015

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 05-03-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for migraines, high blood pressure, heart attack, seizures, COPD, cervical pain and stenosis. Medical records (02-24-2015 to 09-17-2015) indicate ongoing neck pain. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS) prior to the injection on 02-24-2015, and decreased to 4 out of 10 after injection. Activity level and level of function were not specifically addressed. Per the treating physician's progress report (PR), the IW was able to work with restrictions; however, the IW's work status was not specified. The physical exam, dated 09-17-2015, revealed a few small vesicles on the left side of the neck. No other abnormal findings were noted. Relevant treatments have included: cervical epidural steroid injection (CESI) with greater than 50% reduction in pain for several months (last CESI was dated 02-24-2015), physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that MRI of the cervical spine (2013) showed multilevel degenerative changes, straightening of the cervical curvature, and moderate central canal stenosis throughout with associated foraminal narrowing. The request for authorization (09-21-2015) shows that the following services were requested: CESI with additional level (#2), cervical epidurogram, and fluoroscopic guidance with IV sedation. The original utilization review (09-27-2015) non-certified the request for a CESI with additional level (#2), cervical epidurogram, and fluoroscopic guidance with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with additional level, #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS guidelines ESI is recommended for those with radiculopathy on exam that correlates with diagnostics. The claimant had an EMG/NCV in April 2014 that indicated C6 radiculopathy and bilateral carpal tunnel. A progress noted on 10.8.14 indicated the claimant had 50% relief with a 2nd ESI in June 2014 with only temporary relief and was considered ineffective. Another injection in March 2015 provided 50% relief but the progress not on 4/23/15 indicated increasing pain again and use of pain medications. The ACOEM guidelines do not support ESIs due to their short term benefit and the request for another ESI is not medically necessary.

Cervical epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Reg Anesth. 1996 Jan-Feb; 21 (1): 61-7, Epidurograms in the management of patients with long-term epidural catheters, Du Pen SL1, Williams AR, Feldman RK, Eur Spine J. 2010 Sep; 19 (9): 1479-1483, Published online 2010 May 29, DOI: 10.1007/s00586-010-1469-8, MCID: PMC2989280, Caudal epidurals: the accuracy of blind needle placement and the value of a confirmatory epidurogram, Guy Barham corresponding author and Andrew Hilton.

Decision rationale: According to the referenced literature epidurograms are used on a case basis for more accurate diagnostic interpretation of epidural space pathology. Other studies recommend the use of epidurogram with fluoroscopy to improve the accuracy of catheter placement in the ESI. The ACOEM and MTIS guidelines do not comment on Epidurograms. Although the epidurogram may be helpful, the request for the ESI as noted above is not medically necessary, therefore, the request for an epidurogram is not medically necessary.

Fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines fluoroscopy is appropriate for ESI's. The use of IV sedation is not routinely provided. In addition, the request for another ESI as noted above is not a medical necessity. Therefore the fluoroscopy with sedation is not medically necessary.