

Case Number:	CM15-0208313		
Date Assigned:	10/27/2015	Date of Injury:	02/20/2007
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male injured worker suffered an industrial injury on 2-20-2007. The diagnoses included cervical sprain-strain, cervical muscle spasms, cervical disc herniation and chronic pain. On 8-19-2015 the provider reported worsening cervical pain with limited range of motion along with severe muscle spasms associated with cervical fusion and chronic pain syndrome due to hardware. He continued to have severe numbness and tingling to the bilateral arms. He reported the pain radiated to the right shoulder region with pain rated at 8 out of 10. On exam the cervical spine range of motion was limited with weakness in the bilateral upper extremities were progressive with weak grip. The provider noted progressive radiculopathy of the upper extremities. The provider noted the implantation of percutaneous neurostimulator x 4 treatment as soon as possible based on progressive radiculitis. The provider noted the neurostimulator would be placed with 3 electrodes directly accessing the cranial-peripheral neurovascular bundle. Request for Authorization date was 8-19-2015. Utilization Review on 9-23-2015 determined non-certification for Right cervical epidural steroid injection at C7-T1 with catheter under fluoroscopy and P-Stim x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical epidural steroid injection at C7-T1 with catheter under fluoroscopy: Upheld

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

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

Decision rationale: The claimant sustained a work injury in February 2007. He has a history of a cervical fusion. When seen in June 2015 he had complaints of progressively limited cervical spine range of motion with severe muscle spasms. He was having frequent moderate to severe headaches. His cervical spine pain was associated with tingling, numbness, and weakness. Pain was rated at 8-9/10. Physical examination findings were that of severe pain with cervical paraspinal palpation and severe guarding. There was reproduction of severe pain radiating into the right upper extremity with palpation over the cervical spinous processes. Authorization was requested for a first cervical epidural injection at C7-T1 with catheter to the right side to C3-C5. In August 2015 authorization for PENS was requested with the plan referencing the rationale as a failure of TENS and progressive radiculitis/radiculopathy of the lower extremities. When seen in September 2015 complaints appear unchanged. Physical examination findings included increased bilateral trapezius muscle tone with point tenderness. He was having radicular symptoms in a dermatomal distribution without description of right or left side. Cervical compression and distraction testing was positive. Adson's testing was positive. There was decreased cervical spine range of motion and limited range of motion of the upper extremities. The assessment references the claimant as narcotic dependent and with a history of fibromyalgia. Authorization for a second cervical epidural injection and again for PENS was requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. There are no complaints of right lateralized radicular pain. If a first epidural injection was performed, it is not documented in terms of the procedure or response. The requested epidural steroid injection is not considered medically necessary.

P-Stim x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

Decision rationale: The claimant sustained a work injury in February 2007. He has a history of a cervical fusion. When seen in June 2015 he had complaints of progressively limited cervical spine range of motion with severe muscle spasms. He was having frequent moderate to severe headaches. His cervical spine pain was associated with tingling, numbness, and weakness. Pain was rated at 8-9/10. Physical examination findings were that of severe pain

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