

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0116235 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 03/27/2002 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 38-year-old male with a 3/27/02 date of injury. The mechanism of injury involved unloading cases onto a pallet, injuring his neck, shoulders, thoracic spine, and psyche. The patient was most recently seen on 6/17/14 by an orthopedic specialist. The patient complained of a 6/10 bilateral neck and shoulder pain as well as numbness and tingling of the arms and fingers. Exam findings revealed tenderness upon palpation of the paracervical muscles, decreased sensation to light touch in the bilateral upper extremities, and normal deep tendon reflexes. The impression was noted to include bilateral neck pain with radiation to the medial two fingers. The patient's diagnoses included neck pain, cervical radiculopathy/neuritis, and degenerative disease of the C-spine. The patient's medications included Naproxen, Hydrocodone-Acetaminophen 10/325, and Soma. The documentation noted an MRI C-spine dated 6/9/14, which revealed multilevel cervical spondylosis, mild central canal stenosis at C4-C5 and C5-C6 with variable foraminal stenosis, and severe stenosis on the left at C5-C6. Treatments to date include physical therapy, and medications. An adverse determination was received on 7/7/14 due to the lack of documentation of radiculopathy in the neurological exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid C7-T1 with moderate sedation and fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. This patient complained of bilateral neck and shoulder pain, along with numbness and tingling of his arms and fingers. The physical exam dated 6/17/14, demonstrated decreased sensation to light touch in the bilateral upper extremities. The impression from that clinic visit was noted to include bilateral neck pain with radiation to the medial two fingers. Based on these subjective and objective findings, it was unclear specifically which dermatome in the arms and fingers was involved (i.e. C7 versus C8). In addition, there was a lack of documentation of a motor strength exam to indicate any deficit in the C8 nerve root (i.e. hand grip weakness). Furthermore, the documentation noted an MRI dated 6/9/14, which did not specifically demonstrate a nerve root compression at the C7-T1 level. Based on the documentation, there was insufficient evidence to support a C7-T1 radiculopathy. Therefore, the request for a cervical epidural steroid C7-T1 with moderate sedation and fluoroscopy guidance was not medically necessary.