

Case Number:	CM14-0126551		
Date Assigned:	09/23/2014	Date of Injury:	09/30/2010
Decision Date:	10/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Pain Management and is licensed to practice in California. 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:

The injured worker is a 47-year-old right-hand dominant male who sustained work-related injuries on September 30, 2010. He underwent open magnetic resonance angiogram of the neck on July 9, 2013 which revealed symmetrical increase venous opacification around both vertebral arteries, this can be artifact from timing, but it is occasionally seen with dural arteriovenous fistulas. No cervical carotid or vertebral stenosis identified. Per July 29, 2014 records, the injured worker returned to his provider for re-evaluation. He reported that he went to a specialist on July 10, 2014 who evaluated him for dizziness with range of motion. He was waiting for physical therapy scheduling and cervical magnetic resonance imaging scan. He rated his pain as 6-7/10. He also complained of left-sided neck pain with radiation to the left shoulder and elbow down to the left fourth and fifth digits. He also complained of burning and numbness in the medial aspect of the left elbow with increased swelling. On examination, he has symptoms of excessive fatigue, drowsiness, and difficulty falling and remaining asleep. He also reported feeling depressed. Neck examination noted decrease range of motion. Tenderness was noted over the posterior side of the neck. Sensory deficits were noted in the C6-7, C7-T1 dermatomes, bilaterally, left side greater than right. Most recent medical records dated September 23, 2014 documents that the injured worker was re-evaluated by a specialist. He stated that when he hyperextends his neck, he pinches his aortic valves, bilateral, going into the head causing him to blackout. Another provider also advised that a second neck surgery to remove hardware was too risk however he was hypersensitive to the hardware. He rated his pain at 6-7/10. He reported no significant relief with thoracic epidural steroid injection at T1-2 performed on September 16, 2014. Cervical epidural steroid injection was changed to thoracic epidural steroid injection as the C6, C7 and T1 levels are inaccessible due to hardware. He reported continued benefit with use of Flexeril due to a recent flare-up of spasm. He also reported bilateral foot swelling with

use of Gabapentin. He also reported increased and worsening pain with physical therapy. He also continued to complain of left-sided neck pain with radiation to the left shoulder and down to the left fourth and fifth digits. He also complained of burning and numbness in the medial aspect of the left elbow with increased swelling. On examination, he has symptoms of excessive fatigue, drowsiness, difficulty falling and remaining asleep. Cervical spine range of motion was decrease. Tenderness was noted over the posterior neck. Sensory deficits were noted in C6-7, C7-T1 dermatomes (bilaterally, left side greater than right). He is diagnosed with (a) shoulder joint pain, (b) elbow joint pain, (c) lower leg pain, (d) lumbago, (e) cervical degenerative disc disease, (f) lumbar degenerative disc disease, (g) herniated cervical disc, (h) cervical facet arthropathy, (i) cervicalgia, and (j) sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left C7-T1 w imaging guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Epidural steroid injections are considered as a treatment option for radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Although physical examination apparently seem to note radiculopathy but it has not been yet corroborated by either a diagnostic imaging study or electrodiagnostic studies. Moreover, records indicate that the injured worker has just been authorized to undergo cervical spine magnetic resonance imaging scan on August 6, 2014 however results have not been provided. Until diagnostic imaging results have been provided and radiculopathy has been corroborated, the provided information is still insufficient to warrant the requested cervical epidural steroid injections. Therefore, the medical necessity of the requested cervical epidural steroid injection at the left C7-T1 with imaging procedure is not established.

Brain Stem MRI x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Indications for imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic Resonance Imaging (MRI)

Decision rationale: As per medical records, the treating physician of this injured worker clarified he never requested for brain stem magnetic resonance imaging scan as per peer to peer documentation. This clarification led to the modification by the utilization review physician

from brain stem magnetic resonance imaging scan to magnetic resonance imaging scan of the cervical spine. Moreover, there has been no change with the dizziness the injured worker has been experiencing when doing neck range of motion. Therefore, the medical necessity of the requested brain stem magnetic resonance imaging scan is not established.

Triamcinolone acetone 10mg for injection x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Since the requested Epidural Steroid Injection Left C7-T1 with imaging procedure has been denied, its components are also denied.

Moderate Sedation x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Since the requested Epidural Steroid Injection Left C7-T1 with imaging procedure has been denied, its components are also denied.

Lidocaine HCL 10mg for Intravenous Infusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Since the requested Epidural Steroid Injection Left C7-T1 with imaging procedure has been denied, its components are also denied.

Midazolam Hydrochloride 1mg for injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Since the requested Epidural Steroid Injection Left C7-T1 with imaging procedure has been denied, its components are also denied.