

Case Number:	CM14-0127863		
Date Assigned:	08/15/2014	Date of Injury:	02/13/2012
Decision Date:	12/19/2014	UR Denial Date:	07/24/2014
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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 53 year old male with an injury date of 02/13/12. Based on the 07/14/14 progress report provided by treating physician, the patient complains of neck pain rated 7-10/10 and low back pain. Physical examination to the cervical spine revealed stiffness and tenderness to palpation. Range of motion was painful on extension and left lateral rotation. Decreased sensation to light touch noted over the C5-6 dermatomal distribution on the right. Right splenius capitis revealed taut myofascial bands of muscle. The left splenius capitis revealed severe localized pain with twitch response. Treater states proceeding with trigger point injection of the splenius capitis bilaterally. Patient has been prescribed Lyrica, Oxycodone and Norco. Patient has undergone prior cervical epidural steroid injection in the past with at least 50-70% relief from baseline pain and evidence of improvement function for at least 6-8 weeks. Treater states, "the goal of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. Therefore a therapeutic cervical epidural steroid injection using fluoroscopy is being requested." MRI of the Cervical Spine 12/05/13, C5-C6 level: There is no evidence of herniated disc or spinal stenosis seen. Neural foramina are patent. Posterior elements are intact, Minimal apophyseal joint hypertrophy is seen bilaterally narrowing the foramina about 3 to 5%. I suspect a left paramidline annular tear at 410 4:30 position, Spinal canal measures about 9 mm; C6-C7 level: There is a 2-rnm broad-based disc herniation effacing the ventral epidural space, contacting the ventral cord and associated with some exiting nerve root edema at the inner zone of the neural foramen on the left side. Spinal canal measures about 8 to 9 mm. There is central spinal Stenosis present. There is narrowing of the neural foramina bilaterally due to uncovertebral joint and apophyseal joint hypertrophy narrowing the foramens about 30% on both

sides, Mild bilateral neural foraminal stenoses are noted at this level. The Diagnosis on 07/14/14, unspecified myalgia and myositis, sciatica, degen lumbar/lumbosacral intervertebral disc, chronic pain due to trauma. The utilization review determination being challenged is dated 07/24/14. Treatment reports were provided from 01/29/13 - 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Epidural Steroid Injection C5-C6 and c6-C7 using Catheter under Fluoroscopy Guidance and Monitored Anesthesia Care (MAC): 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 ESI, Page(s): 46,47.

Decision rationale: The patient presents with neck pain rated 7-10/10. The request is for Left Cervical Epidural Steroid Injection C5-C6 and C6-C7 using Catheter under Fluoroscopy Guidance and Monitored Anesthesia Care (MAC). Patient's diagnosis dated 07/14/14 included unspecified myalgia and myositis, sciatica, degen lumbar/lumbosacral intervertebral disc and chronic pain due to trauma. Physical examination to the cervical spine on 07/14/14, revealed stiffness and tenderness to palpation. Range of motion was painful on extension and left lateral rotation. Decreased sensation to light touch noted over the C5-6 dermatomal distribution on the right. Right splenius capitis revealed taut myofascial bands of muscle. The left splenius capitis revealed severe localized pain with twitch response. Treater states proceeding with trigger point injection of the splenius capitis bilaterally. Patient has been prescribed Lyrica, Oxycodone and Norco. MTUS page 46,47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per treater report dated 07/10/14, patient has undergone "prior cervical epidural steroid injection, in the past, with at least 50-70% relief from baseline pain and evidence of improvement function for at least 6-8 weeks." Treater states, "the goal of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. Therefore a therapeutic cervical epidural steroid injection using fluoroscopy is being requested." Physical examination revealed decreased sensation to light touch noted over the C5-6 dermatomal distribution on the RIGHT. The request is for injection to the LEFT C5-6. There are no physical examination findings pertaining to the C6-7 level. Patient has undergone previous ESI, but treater has not mentioned the levels, nor when it procedure was performed. The patient does not present with radicular symptoms in the left upper extremity. MRI of the Cervical Spine dated 12/05/13 reveals no evidence of herniated disc or spinal stenosis seen at the C5-C6 level.

Furthermore, guidelines do not discuss, nor support catheter for the procedure. The request does not meet guideline criteria. Therefore, the request is not medically necessary.