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| Case Number: | CM14-0141938 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 05/18/2000 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 Occupational Medicine 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:

According to the available reports, this is a 66-year-old gentleman with a date of injury of 5/18/2000. Body parts affected in the injury appear to be the neck and the lower back. Under review is a request for a C5-6 (neck) epidural steroid injection. The mechanism of injury is not noted in the documents. There is an MRI of the cervical spine, 8/19/14 that was not available at the time of the original review of 8/12/14. That showed at the C5-6 level cervical spondylosis, no evidence for spinal canal stenosis. There is a 3 mm focal left paracentral disc protrusion contacting and deforming the left ventral cord with mild narrowing of the left neural foraminal. It is protrusion is slightly larger compared to the prior study. The patient has also had previous lumbar surgery however this review addresses the cervical spine. There was a 7/21/14 upper extremity EMG/NCV which was abnormal showing mild left median neuropathy at the wrist. The EMG C5/6-C8/T1 which did not show any evidence of cervical radiculopathy. Patient is treated by spine specialist as well as pain management. There is a 5/8/14 report from the spine specialist that indicates that the patient had a cervical epidural steroid injection "over the interim". Report noted patient had cervical spine surgery 5/24/11. Neck was feeling better, pain was 50% better, much better the following day. Patient was not working, reportedly not taking pain medication. (Note is made the pain management reports indicate patient was taking Percocet 10 mg as well as trazodone and gabapentin. The pain management reports after the 1st cervical epidural made no mention that there had been any decrease in the patient's medication particularly opiates). Subjectively, there is constant moderate numbness in the hands, small, ring and middle fingers as well as left foot. There was moderate pain in neck, shoulders, arms, elbows and hands/fingers as well as right arm and chest. The exam documented strength 5/5 upper extremity muscles, sensation intact "C4-T2 through LT bilat". Diagnoses were cervical spondylosis, cervical disc displacement and cervical disc degeneration. This indicates the patient

had about 90% pain relief after his ESI at C5-6, 30 days of good relief but the pain is now slowly increasing. A 2nd ESI at C5-C6 is requested. Patient was TTD. Follow-up planned for 6 weeks. A 2/7/14 Physical medicine and rehabilitation QME did not document any upper extremity neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain which is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, the patient has bilateral arm pain but there is no documentation in any of the records of specific dermatomal distribution isolating to C5-C6, the level being requested for injection. There are no focal neurologic deficits in the upper extremities to support a cervical C5-6 radiculopathy. Additionally, MTUS chronic pain guidelines go on to state that a recent study concluded that there is insufficient evidence to make any recommendation for use of epidural steroid injections to treat radicular cervical pain. Therefore, based upon the evidence and the guidelines, this request is not considered to be medically necessary.