

Case Number:	CM14-0148432		
Date Assigned:	09/18/2014	Date of Injury:	03/12/2010
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Medicine and Rehabilitation 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:

This is a 50-year-old female with a 3/12/10 date of injury. The patient had a 20 pound binder fall on her forearms and wrist and the impact caused her right leg to give out. According to a progress report dated 7/8/14, the patient presented with complaints of back pain radiating into the legs and neck pain into the arms. The provider indicated that the patient had failed physical therapy, chiropractic therapy, medications, rest, and home exercise. An MRI of the cervical spine dated 3/21/14 revealed C5-C6 disc desiccation with endplate degenerative changes. There is a 3-mm midline and left paracentral disc protrusion resulting in abutment of the cervical cord with a mild degree of central canal narrowing. Objective findings: decreased range of motion, paraspinal spasms, axial compression, positive Spurling's, facet tenderness, AC joint tenderness, lateral epicondylar tenderness, left elbow flexor weakness of 4/5, positive Kemp's bilaterally, positive SLR bilaterally, decreased sensation in the left C6 and bilateral L5/S1 dermatomes. Diagnostic impression: bilateral shoulder impingement, left elbow lateral epicondylitis, cervical and lumbar sprain/strain/bilateral upper extremity radiculopathy. Treatment to date: medication management, activity modification, physical therapy, chiropractic therapy, home exercise program. A UR decision dated 8/12/14 denied the request for Left C5-C6 Selective Epidural Catheterization. A prior review had requested additional information to clarify if this is a onetime epidural injection using a catheter or placement of an epidural catheter for repeated administration of medications. To date, the requested information has not been received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-C6 Selective Epidural Catheterization: Overturned

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 Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, 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. The patient does indeed have both subjective and objective findings of cervical radiculopathy. The patient has complaints of back pain that radiated into the legs and neck pain that radiated into the arms. In addition, there is objective evidence of cervical radiculopathy, with documentation of decreased sensation in the left C6 dermatome. An MRI of the cervical spine dated 3/21/14 revealed C5-C6 disc desiccation with endplate degenerative changes and possible nerve impingement, corroborating the objective findings. Furthermore, the patient has documented failure of conservative measures including physical therapy, chiropractic therapy, medications, rest, and home exercise. Therefore, the request for Left C5-C6 Selective Epidural Catheterization was medically necessary.