

Case Number:	CM14-0164270		
Date Assigned:	10/09/2014	Date of Injury:	05/29/2012
Decision Date:	11/13/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work related injury on May 29, 2012. Subsequently, he developed neck and low back pain. The EMG study of the bilateral lower extremities performed on April 21, 2014 was normal. The EMG study of the bilateral upper extremities performed on August 18, 2014 revealed evidence of right C5-6 radiculopathy. CT of the cervical spine done on April 17, 2014 showed extensive postoperative changes with severe degenerative disc with anterolisthesis C2-3, retrolisthesis C3-4 through C6-7, C5-6 severe bilateral, C6-7 severe bilateral neural foraminal narrowing. MRI of the cervical spine dated May 17, 2013 showed postoperative changes with multilevel degenerative disc disease and facet arthropathy and with retrolisthesis C3-4, C4-5, C5-6, C6-7 and anterolisthesis C2-3 with degenerative disc disease and focal protrusions noted at T1-T2, T2-T3, and T3-T4. Canal stenosis C3-4 moderate, C4-5 mild canal stenosis. The patient had a cervical epidural injection on September of 2011 with modest helped. The patient underwent cervical laminectomy on July 26, 2012. He had a second epidural injection on September of 2013, which decreased his neck and arm pain significantly for about 4 days. He had a TFESI targeting C5-6, C6-7, and C7-T1 on July 24, 2014 with about 30-40% relief for about 4 days. According to a progress report dated August 28, 2014, the patient reported neck pain, which he rated at 7/10, and back pain, which he rated at 5/10. He reported radiation of pain, numbness, weakness, cramping, and tingling down both arms to hands, worse of the right side. He noted he occasionally has balance problems. He continued to complain of chronic double vision. He stated that his neck pain continues to be severe at times, and he has a hard time holding his head up. He noted that he has continuous crunching noises in his neck and feels that the hardware is making the noise. He reported that he continued to have anxiety and depression. On examination, the range of motion of cervical and lumbar spines was limited in all planes due to pain. There was decreased sensation in the right

C5, C6, C7, and C8 dermatomes. There was decreased sensation in the left and right L5 and S1 dermatomes as well as in the right thigh and calf. Strength was 4+/5 in the right deltoid, biceps, internal rotators and external rotators. 5-/5 strength in the left deltoid, biceps, internal rotators and external rotators. 4/5 finger flexors, extensors, wrist extensors and wrist flexors, and interossei on the right. 5-/5 strength bilaterally in his quadriceps and hamstrings. 4+/5 strength in his tibialis anterior, EHL, invertors and evertors. Right sided Spurling's test causes radiation of pain and numbness down right arm to hand. The provider requested authorization for Transforaminal epidural steroid injection at right C4-C5, C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at right C4-C5, C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. In addition, the patient had a TFESI targeting C5-6, C6-7, and C7-T1 on July 24, 2014 with only about 30-40% relief for about 4 days. Furthermore, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy (309). Furthermore, the injection of no more than 2 levels is recommended. Therefore, the request for Transforaminal epidural steroid injection at right C4-C5, C5-C6 and C6-C7 is not medically necessary.