

Case Number:	CM14-0166513		
Date Assigned:	10/13/2014	Date of Injury:	04/30/2014
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 Neurosurgery 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 61 year old female who had a work-related injury on 04/30/14. The injured worker was unloading a truck when another associate was pulling a box, causing it to fall and hit her on the back of the head. After the injury she went to the emergency room and had a CT scan of the cervical spine. She had prior degenerative disc disease, disc protrusion and fusion of the cervical spine. Her fusion is well taken and there is no evidence of a new fracture or dislocation. The fusion was from C5-7 with intact alignment. CT scan of the cervical spine without contrast dated 09/11/14 at C1-2 there are degenerative changes at the C1-2 dens articulation with severe joint space narrowing and osteophytes. There is a suggestion of mild posterior ligamentous hypertrophy. At C2-3, the disc height appears relatively preserved. There is no obvious posterior disc herniation. There are degenerative facet changes on the left. There is no osseous central canal or foraminal stenosis. At C3-4, the disc height is preserved. There is minimal anterolisthesis. There is small endplate spurs and possible small broad based posterior disc herniation. There is bilateral uncovertebral hypertrophy. No osseous central canal or foraminal stenosis. At C4-5, the disc height is preserved. There are endplate spurs and probably small posterior disc herniation and degenerative facet changes as seen on the left. At C5-6, there is anterior fusion and discectomy. Endplate spurs are present. No obvious posterior disc herniation is seen. There is bilateral uncovertebral hypertrophy with severe right and mild left foraminal stenosis. At C6-7, there is anterior fusion and discectomy without obvious posterior disc herniation. There is bilateral uncovertebral hypertrophy with mild bilateral foraminal narrowing. There is no osseous central canal stenosis. At C7-T1, there is minimal anterolisthesis without obvious posterior disc herniation. No osseous central or foraminal stenosis. Most recent documentation submitted for review is dated 09/17/14. It is noted that the injured worker continues with neck pain secondary complaint of left upper extremity burning dysesthesia. On

physical examination, he has limited range of motion of the cervical spine. He has tenderness throughout the paraspinal muscles and into the left trapezius muscle. He has a positive Spurling's for reproduction of his left upper extremity burning dysesthesia discomfort. There is no focal weakness or long track findings. Prior utilization review dated 10/02/14 was non-certified. Current request is for translaminar epidural steroid injections at C5-6 and C6-7. Pre-epidural consult with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar epidural steroid injection C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Epidural Steroid Injections

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

Decision rationale: Injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As such, the request cannot be recommended as medically necessary.

Pre-epidural Consult with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Chapter 7, page127

Decision rationale: The request for pre-epidural consult with [REDACTED] is predicated on the initial request for cervical ESI, as this has not been found to be medically necessary, subsequent requests are not necessary.