

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0148414 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 12/08/2009 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 08/29/2014 |
| 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 Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 a work injury dated 12/8/09. The diagnoses include cervical radiculopathy. The patient is also status post C5-6 ACDF (anterior cervical discectomy and fusion) in April 2010. Under consideration are requests for repeat transforaminal CESI (cervical epidural steroid injection), left C6, C7, C8. There is an 8/15/14 progress evaluation that states that the patient recently underwent a cervical epidural steroid injection performed on July 28, 2014 and although he has had relief of his arm pain to an extent it is nowhere near previous epidural steroid injection relief. He last had a cervical epidural steroid injection performed on December 28, 2012. He stated that relief was for over one year. The current injection only greatly relieved his discomfort in his left arm for about a week before starting to return. He continues to have numbness down the arms bilaterally into the middle and ring fingers on the left greater than the right. The fluoroscopic films reviewed that on both procedures, the December 28, 2012 procedure shows the catheter being inserted and directed at the left gutter below and spread of medication below the site at the C5-C6 fusion and does extend from the C5 nerve root all the way through C8. In reviewing fluoroscopic films of the recent epidural performed on July 28, 2014, it does show the entry in the same placement below the level of the fusion; however, the catheter has slightly migrated to the top of the fusion and dye contrast shows well spread of the medication in the upper C2, C3, C4, and only slightly into the C5 nerve roots. There is no dye contrast noted in the lower C6, C7, and C8 nerve roots as previously performed. Therefore, the provider requests an additional injection with the medication being placed lower and ensuring the medication lower at an alternative approach of transforaminal at these levels based on the patient's over one year relief in the past. The patient is also stating the medication has not been as helpful. He has reduced the amount of Norco all the way down to one to one and half tablets once a day. However, the pain has significantly increased and he desires additional

medications. At this time, he will be changed to a more long acting medication for his chronic pain to avoid the ups and downs of short acting medications. He continues to take the Gabapentin up to four times a day and Flexeril on an as needed basis for muscle spasms approximately two to three times per week. There is significant muscle tenderness and spasms of the paracervical musculature extending in the left trapezium levator scapula and into the interscapular region. Range of motion is limited due to pulling pain. Forward flexion is only at 20 degrees causing shooting pain in the left. Cervical compression causes shooting- down the bilateral upper extremities left greater than right. Dermatomal sensation has significantly decreased bilaterally in the C6-C7 dermatomal pattern. The patient has very small reaction to deep pinprick on the left index finger. The treatment plan includes a repeat epidural steroid injection to transforaminal approach specifically guiding the medication on the C6, C7, and C8 nerve roots on the left. The patient will continue Gabapentin 600 mg one by mouth four times a day, #120 for neuropathic pain; he will take Flexeril 7.5 mg twice a day as needed for muscle spasms, #30; discontinue Norco and start Kadian 10 mg one tablet by mouth once a day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat transforaminal CESI (cervical epidural steroid injection), left C6, C7, C8: Upheld

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

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

Decision rationale: Repeat transforaminal CESI, left C6, C7, C8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Although the provider states that recent films of 7/28/14 reveal no contrast was noted in the lower C6, C7, and C8 nerve roots as previously performed. Therefore, the provider requests an additional injection with the medication being placed lower and ensuring the medication is properly places in the lower cervical spine. Despite noting this patient still does not meet the MTUS Guidelines criteria for epidural steroid injections. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the MTUS states that no more than two nerve root levels should be injected using transforaminal blocks and that 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. In addition to their being no documentation of pain and functional improvement from prior epidural injection the documentation also does not reveal objective imaging/electrodiagnostic testing to corroborate with physical exam findings. The MTUS also states that no more than 2 nerve root levels should be injected transforaminally rather than the 3 requested. For all of these reasons, the request for repeat transforaminal CESI, left C6, C7, C8 is not medically necessary.