

Case Number:	CM14-0210023		
Date Assigned:	12/23/2014	Date of Injury:	01/20/2000
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 62-year-old female with a date of injury of 01/20/2000. According to progress report dated 11/21/2014, the patient presents with chronic low back and neck pain. The patient underwent a cervical epidural injection on February of 2014 and "did well." Physical examination of the cervical spine documented decrease of sensation in the C6-C7 level. This progress report is limited in its discussion regarding subjective complaints and physical examination findings. Treatment plan was for authorization for cervical epidural steroid injection and refill of Soma and tramadol. According to progress report dated 07/01/2014, the patient presents with persistent neck pain with bilateral upper extremity radiculopathy. The neck pain is rated as 6/10 on the pain scale. Patient also complains of low back pain that radiates into the bilateral lower extremity. Examination revealed "TTP over PSM + SP, TRAP." Decrease in range of motion of the cervical spine and lumbar spine was noted. There is positive sciatic notch and compressions test. The listed diagnoses are: 1. Lumbar radiculitis. 2. Cervical radiculitis. Under treatment plan, it states "awaiting auth for PM consult (CESI, LESI)." The utilization review discusses an MRI of the cervical spine (date unnoted) which showed 3-mm disk herniation at C2 through C7. The MRI report was not provided for my review. This is a request for C6-C7 cervical epidural injection with monitored anesthesia care and epidurography. The utilization review denied the request on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 cervical steroid injection: 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 epidural steroid injection Page(s): 46-47.

Decision rationale: This patient presents with continued neck pain that radiates into bilateral upper extremity. The current request is for C6-C5 epidural steroid injection. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section, pages 46 and 47, "recommended as option for treatment of radicular pain defined as pain in the dermatomal distribution and corroborative findings of radiculopathy." According to progress report dated 11/21/2014, the patient underwent a cervical epidural injection in February 2014 which "did help." Review of subsequent progress reports provide no discussion regarding the outcome of prior injection. For repeat injection during therapeutic phase, "continued objective documented pain of functional improvement includes at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." Given there are no documentation of such benefits, recommendation for repeat injection cannot be made. MTUS further states that "there is insufficient evidence to make any recommendation for use of epidural injections to treat radicular cervical pain." The requested cervical epidural injection is not medically necessary.

Monitored anesthesia care: 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 epidural steroid injection Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain that radiates into the bilateral upper extremities. The current request is for monitored anesthesia care. The treating physician has made a request for cervical epidural injection at level C6-C7 with monitored anesthesia care and epidurography. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section, pages 46 and 47, "recommended as option for treatment of radicular pain defined as pain in the dermatomal distribution and corroborative findings of radiculopathy." Given the patient does not meet the indication for a repeat cervical steroid injection, the requested monitored anesthesia care is not medically necessary.

Epidurography: 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 epidural steroid injection Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain that radiates into the bilateral upper extremities. The current request is for epidurography. The treating physician has made a request for cervical steroid injection at level C6-C7, monitored anesthesia care, and an epidurography. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section, pages 46 and 47, "recommended as option for treatment of radicular pain defined as pain in the dermatomal distribution and corroborative findings of radiculopathy." This patient does not meet the indication for a repeat cervical steroid injection; therefore, the epidurography is not necessary. Furthermore, injections of contrast to ensure proper placement of the injection is part of the ESI procedure. Additional billing for epidurogram is not discussed in any of the guidelines. The requested epidurography is not medically necessary.