

Case Number:	CM14-0212767		
Date Assigned:	12/30/2014	Date of Injury:	05/13/1991
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 66-year-old man who sustained a work-related injury on May 13, 1991. Subsequently, he developed chronic neck and low back pain. According to a progress report dated October 29, 2014 the patient reported increased and debilitating pain in his lower back, which radiates down to both lower extremities. He rated his pain as a 9/10 in intensity. The patient did undergo a L4-5 and L5-S1 anterior and posterior interbody fusion on July 11, 2002, with residual deficits. EMG/NCV study performed on March 29, 2010 revealed a right C5 and C6 radiculopathy as well as a bilateral lower extremity L5 and S1 radiculopathy. The patient was reluctant to undergo further surgery in his lumbar spine, and would like to proceed with lumbar epidural steroid injection. His last lumbar epidural steroid injection was done on January 20, 2014, which provided at least 60% pain relief lasting a good 5 months of benefit and he did even cut back on his medication by about 30%. His low back pain has been getting significantly worse over the past few months. The patient was still experiencing relief following his cervical epidural steroid injection on July 21, 2014. The patient also complained of pain in his right shoulder. He did consistently receive relief from corticosteroid injections to his right shoulder, providing significant relief of his pain along with improvement in his range of motion. Examination of the posterior cervical musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. The cervical spine range of motion was limited by pain. Deep tendon reflexes were 2+ bilaterally. Upper extremity motor testing was 4+/5 with shoulder abduction on the right and 5-/5 with right elbow flexor and extensors. Sensory

examination to pinprick was decreased along the lateral arm and forearm bilaterally at approximately the C5-6 distribution. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable throughout the lumbar paraspinal muscles. the lumbar spine range of motion was limited by pain. Deep tendon reflexes: Patellae 2/4 bilaterally and Achilles tendon bilaterally. Sensory examination to pinprick was decreased along the posterior lateral thigh and posterior lateral calf bilaterally in approximately the L5-S1 distribution. The straight leg raise was positive in the modified sitting position at 60 degrees bilaterally causing radicular symptoms. The patient was diagnosed with status post L4-5 and L5-S1` anterior posterior interbody fusion performed on July 11, 2002; lumbar post laminectomy syndrome; bilateral lower extremity radiculopathy, left greater than right; bilateral knee internal derangement; status post left total knee replacement; status post right knee arthroscopic repair; cervical myoligamentous; right shoulder rotator cuff tear; unsuccessful spinal cord stimulation trial; and medication induced gastritis. The provider requested authorization for Fluoroscopically guided diagnostic catheter directed cervical ESI C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic catheter directed cervical ESI C5-C6: Upheld

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

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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clear documentation of functional improvement with previous cervical epidural injection. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for fluoroscopically guided diagnostic catheter directed cervical ESI C5-C6 is not medically necessary.