

Case Number:	CM14-0213110		
Date Assigned:	12/30/2014	Date of Injury:	10/25/2013
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
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: 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 39 year old male with an injury date on 10/25/13. The patient complains of "tremendous" pain in the neck radiating down the right upper extremity per 10/29/14 report. The patient has had recent acupuncture which has relieved pain in back and left shoulder per 10/29/14 report. The patient's neck pain occasionally radiates to the front side of his neck per 10/6/14 report. Based on the 10/29/14 progress report provided by the treating physician, the diagnoses are: 1. Cervical s/s s/p ACDF C5-6. 2. Adjacent level disc space narrowing C4-5, C6-7 with 3-4mm circumferential disc bulging at C4-5 and C6-7 per MRI dated 10/27/14. 3. Bilateral shoulder sprain. 4. s/p prior left shoulder surgery (late 1990's). A physical exam on 10/29/14 showed "tenderness to palpation at C4 through C7 level as well as right upper trapezius and right interscapular region." C-spine range of motion is limited with extension at 40 degrees per 8/4/14 report. The patient has decreased sensation in the right lateral forearm, with no other sensory/motor deficits noted per 8/4/14 report. The patient's treatment history includes medications, acupuncture (helpful), and physical therapy (1 session). The treating physician is requesting C4-7 cervical epidural injection. The utilization review determination being challenged is dated 12/10/14. The requesting physician provided treatment reports from 8/4/14 to 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 Cervical Epidural Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) L-spine chapter under ESI.

Decision rationale: This patient presents with neck pain, right upper extremity pain. The treater has asked for C4-7 Cervical Epidural Injection on 11/26/14. A cervical MRI on 10/27/14 showed: at C4-5, a 3-4mm disc as well as bilateral facet arthropathy. At C5-6, s/p anterior cervical discectomy and fusion at C5-6, with bilateral neural foramina patent and normal facet joints. At C6-7, disc desiccation and 3-4mm disc bulge with posterior disc osteophyte complexes and bilateral mild facet arthropathy, leading to mostly mild left foraminal stenosis." Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. For post-op, ODG guidelines L-spine chapter under ESI states, "Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor." In this case, the patient has neck pain radiating into the right upper extremity, with confirmed disc herniation at C4-5 and C6-7. However, the patient is s/p cervical discectomy at C5-6, and ODG does not recommend an epidural steroid injection when the patient has had spinal surgery. In addition, there are no exam findings that corroborate the MRI and subjective pain other than diminished sensation at right forearm. According to MTUS, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Finally, the request is for 3 levels and MTUS does not support more than 2 level injections for transforaminal approach. The request is not medically necessary.