

Case Number:	CM14-0219235		
Date Assigned:	01/09/2015	Date of Injury:	10/08/1993
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/31/2014

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 & Rehabilitation

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 59 year old female sustained an industrial injury reported on 10/8/1993. She has reported severe radiating neck pain to the upper extremities, increased frequency in migraine headaches, and is noted to be moderately-severely uncomfortable in a dark room, with a flat affect. The diagnoses have included multi-level cervical disc disease with protrusions, right shoulder resection of distal clavicle and acromioplasty (9/16/02); left shoulder tendonitis; right carpal tunnel release (8/1/96) with re-operation on 7/27/99; and chronic severe headaches precipitated by cervical degenerative disc disease & muscle spasms. Treatments to date have included consultations; diagnostic laboratory and imaging studies; epidural steroid injection therapy (1/3/13, 6/6/13, 1/30/14, 5/22/14 & 9/16/14); "failed conservative treatments"; and medication management. No work status was noted for this injured worker. On 12/26/2014 Utilization Review non-certified, for medical necessity, the request for 1 catheter directed cervical epidural steroid injection (ESI) under fluoroscopic guidance along with transportation to and from the surgery center, noting the MTUS Guidelines for ESI and transportation and ODG guidelines for knee & leg (acute & chronic), were cited. 12/16/2014 treating physician's progress report states a 75 - 80% improvement in symptoms for 10 weeks from the previous catheter directed cervical ESI (9/16/14), as well as from all previous injection therapy; and after "failed conservative treatments" not specified. The functional improvement was described as a 50% improvement in pain and function post the ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

One catheter-directed cervical epidural steroid injection (ESI) under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient is a 60 year old female who presents with severe neck pain rated 9/10 which radiates down the bilateral upper extremities, right worse than left. The patient's date of injury is 10/08/93. Patient is status post cervical ESI on 09/16/14, and on 01/30/14. The request is for ONE CATHETER DIRECTED CERVICAL EPIDURAL STEROID INJECTION (ESI) UNDER FLUOROSCOPIC GUIDANCE. The RFA is dated 12/16/14. Physical examination dated 12/16/14 revealed moderate bilateral tenderness to the cervical paraspinal muscles with spasms noted and positive Spurling's test bilaterally. Cervical range of motion was decreased in all planes, especially on rotation. Decreased sensation was noted to the right C5 and C6 dermatomes noted upon upper extremity neurological exam. The patient is currently prescribed Zomig, Compazine, Cymbalta, and Amrix. Diagnostic imaging was not included in the report, though progress report dated 12/16/14 notes an undated MRI showing "2mm disc bulge at C5-C6 and 2mm bulge at C6-C7..." Patient's current work status is not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 46-47 states that an ESI is "Recommended as an option for treatment of radicular pain -defined as pain in dermatomal distribution with corroborative findings of radiculopathy." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 regards to the request for a repeat cervical ESI for the management of this patient's intractable chronic pain. The treater indicates that the prior ESI's with the most recent one from 9/16/14 produced 85% reduction of pain lasting 10 weeks. However, this patient's MRI's are described as 2mm bulging discs only with no evidence of HNP or stenosis potentially causing radiculopathy. MTUS require corroborating imaging studies for a diagnosis of radiculopathy. Furthermore, MTUS states, "and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary. In regards to the request for a repeat cervical ESI for the management of this patient's intractable chronic pain. The treater indicates that the prior ESI's with the most recent one from 9/16/14 produced 85% reduction of pain lasting 10 weeks. However, this patient's MRI's are described as 2mm bulging discs only with no evidence of HNP or stenosis potentially causing radiculopathy. MTUS require corroborating imaging studies for a diagnosis of radiculopathy. Furthermore, MTUS states, "and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.

One transportation to and from the surgery center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter on Transportation

Decision rationale: The patient is a 60 year old female who presents with severe neck pain rated 9/10 which radiates down the bilateral upper extremities, right worse than left. The patient's date of injury is 10/08/93. Patient is status post cervical ESI on 09/16/14, and on 01/30/14. The request is for ONE TRANSPORTATION TO AND FROM THE SURGERY CENTER. The RFA is dated 12/16/14. Physical examination dated 12/16/14 revealed moderate bilateral tenderness to the cervical paraspinal muscles with spasms noted and positive Spurling's test bilaterally. Cervical range of motion was decreased in all planes, especially on rotation. Decreased sensation to the right C5 and C6 dermatomes noted on upper extremity neurological exam. The patient is currently prescribed Zomig, Compazine, Cymbalta, and Amrix. Diagnostic imaging was not included in the report, though progress report dated 12/16/14 notes an undated MRI showing "2mm disc bulge at C5-C6 and 2mm bulge at C6-C7..." Patient's current work status is not specified. MTUS and ACOEM Guidelines do not discuss transportation for neck complaints; however, ODG under the Knee and Leg Chapter on Transportation states, "Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The Aetna Guidelines do support transportation services if it essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. In regards to the request for the provision of transportation so that this patient can make it to the appointment, a ride to and from surgery is not necessary since the cervical ESI is not approved. The request IS NOT medically necessary.