

Case Number:	CM15-0120465		
Date Assigned:	07/01/2015	Date of Injury:	10/22/2003
Decision Date:	07/30/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 66 year old woman sustained an industrial injury on 10/22/2003. The mechanism of injury is not detailed. Evaluations include a recent and undated cervical spine MRI. Diagnoses include stenosis. Treatment has included oral medications. Physician notes from the orthopedic surgeon dated 5/6/2015 show complaints of neck pain with radiation to the bilateral arms and back pain with radiation to the bilateral legs. Recommendations include cervical spine CT myelogram, electromyogram/nerve conduction studies of the bilateral upper extremities, and cervical spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) myelogram of the cervical spine: 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), Neck & Upper Back, Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, CT Myelogram.

Decision rationale: Pursuant to the Official Disability Guidelines, CT with myelogram cervical spine is not medically necessary. Myelography is not recommended except for selected indications when MR imaging cannot be performed or in addition to MRIs. Myelography and CT myelography is acceptable if MRI is unavailable, contraindicated or inconclusive. The criteria are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are stenosis. On April 21, 2015 the worker had a cervical spine MRI. The results showed stenosis with indenting of the spinal cord mainly at C3 - C4, but also at C4 - C5 and C5 - C6. According to a progress note dated May 6, 2015, the injured worker has ongoing neck and arm pain. Objectively, the physical examination was limited to gait and reflexes. There was no cervical spine examination and no neurologic evaluation. Consequently, absent clinical documentation with objective evidence of the cervical spine examination and a neurologic evaluation with an MRI performed April 21, 2015 and no red flags, CT with myelogram cervical spine is not medically necessary.

Cervical epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the request for cervical epidural injection is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. See the guidelines for details. In this case, the injured worker's working diagnoses are stenosis. On April 21, 2015 the worker had a cervical spine MRI. The results showed stenosis with indenting of the spinal cord mainly at C3 - C4, but also at C4 - C5 and C5 - C6. According to a progress note dated May 6, 2015, the injured worker has ongoing neck and arm pain. Objectively, the physical examination was limited to gait and reflexes. There was no cervical spine examination and no neurologic evaluation. The documentation does not indicate the levels to be injected. There is no objective evidence of radiculopathy on neurologic evaluation. Moreover, there is no neurologic evaluation. Consequently, absent clinical documentation

of objective evidence of radiculopathy on neurologic evaluation and specific levels for cervical epidural steroid injection, the request for cervical epidural injection not medically necessary.