

Case Number:	CM15-0171350		
Date Assigned:	09/11/2015	Date of Injury:	06/07/2012
Decision Date:	10/19/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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

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 65 year old female, who sustained an industrial injury on 6-7/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic migraine syndrome, cervical disc protrusion and radiculopathy, occipital neuralgia, bilateral carpal tunnel syndrome, left epicondylitis, bilateral knee osteoarthritis, and cervical facet syndrome. Treatments to date include activity modification, medication therapy, Botox injections, and Orthovisc injections. Currently, she reported some improvement in migraines following Botox injections administered on 4-24-15, documenting pain prior to injections rated 9 out of 10 VAS and daily occurrence, and post injections 7 out of 10 VAS to approximately eight (8) migraines in the month of June. She further reported ongoing pain in the neck, low back and knee. Neck pain was rated 9 out of 10 VAS on that date with radiation up the back of the head and left upper extremity. Current medications included Tylenol #3, Flexeril, Naprosyn, Cymbalta, Topamax, and Tylenol. On 7-20-15, the physical examination documented decreased cervical range of motion with positive Spurling's bilaterally. The cervical spine MRI dated 1-5-15, was documented to reveal cervical disc protrusion C6-C7 and a history of left C7 chronic radiculopathy. The plan of care included a cervical steroid injection. This appeal requested authorization of a cervical-thoracic translaminal epidural injection to C7-T1 levels under fluoroscopy and anesthesia per the order dated 7-20-15. The Utilization Review dated 7-31-15, denied the request stating "a trial of physical therapy to the cervical spine was not documented" per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Cervical-thoracic translaminar epidural injection under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with headaches, knee pain, and neck pain. The request is for C7-T1 cervical-thoracic translaminar epidural injection under fluoroscopy and anesthesia. The request for authorization is not provided. X-rays of the cervical spine, 01/05/15, shows moderate-to-severe degenerative disc disease and bony changes, straightening of cervical lordosis with mild dextroscoliosis, anterior spondylolisthesis C3-C4 by 3 mm; actual study not provided. MRI of the cervical spine shows C6-C7 disc protrusion abutting the cord, actual study not provided. Physical examination of the neck and cervical spine reveals reduced range of motion. Spurling's causes radiation into the left shoulder, on the right radiation into the right upper trapezius, tender to palpation over the left greater than right cervical paraspinals. Patient's medications include Percocet, Naproxen, Cyclobenzaprine, Cymbalta, and Topamax. Per work status report dated 08/25/15, the patient is released to modified work. MTUS has the following regarding ESI's, under its Chronic pain Section, Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. Per progress report dated 07/20/15, treater's reason for the request is "she has a chronic cervical radiculopathy with neurological findings and increased symptoms over the last several months." MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Patient continues with neck pain with radiation into her scapula and trapezius. Physical examination of the neck and cervical spine reveals reduced range of motion. Spurling's causes radiation into the left shoulder, on the right radiation into the right upper trapezius, tender to palpation over the left greater than right cervical paraspinals. Although treater notes, X-rays of the cervical spine, shows moderate-to-severe degenerative disc disease and bony changes, straightening of cervical lordosis with mild dextroscoliosis, anterior spondylolisthesis C3-C4 by 3 mm; actual study not provided. MRI of the cervical spine shows C6-C7 disc protrusion abutting the cord, actual study not provided. In this case, there is lack of corroborating image studies. Radiculopathy is not documented with dermatomal distribution of pain along with physical examination findings corroborated by imaging studies. Therefore, the request is not medically necessary.