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| Case Number: | CM13-0009427 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 10/11/2012 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 55-year-old female with a 10/11/12 date of injury. At the time (7/30/13) of request for authorization for inter laminar ESI (epidural steroid injection) at C7-T1, there is documentation of subjective (persistent right neck, upper back and right shoulder pain with radiation down the right arm to the ulnar hand and fingers with weakness and numbness, especially into the little finger, and frequent dropping of objects) and objective (tenderness to palpation in the superior portion of the trapezius on the right and in the paracervical area, restricted cervical motion, tenderness of the right shoulder with pain on resisted motion, positive Tinel's and Phalen's signs of the right wrist, and normal strength, reflexes and sensation of the upper extremities) findings, imaging findings (MRI of the cervical spine (12/27/12) report revealed unremarkable findings at C7-T1), current diagnoses (cervical radiculitis and facet joint syndrome of the cervical spine), and treatment to date (exercises, trigger point injections, physical modalities, activity modification, and medications). There is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions and imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTER LAMINAR ESI (EPIDURAL STEROID INJECTION) AT C7-T1.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, ESI Section

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines (ODG) identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis and facet joint syndrome of the cervical spine. In addition, there is documentation of subjective (pain and numbness) radicular findings in each of the requested nerve root distributions and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of objective findings (normal strength, reflexes, and sensation of the upper extremities), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, given documentation of imaging findings (MRI of the cervical spine identifying unremarkable findings at C7-T1), there is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for inter laminar ESI (epidural steroid injection) at C7-T1 is not medically necessary.