

Case Number:	CM13-0025911		
Date Assigned:	12/11/2013	Date of Injury:	03/11/2013
Decision Date:	01/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain 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 physician 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:

The patient is a 51-year-old female who reported an injury on 03/11/2013 when the patient jerked her head backwards when a door flew open in front of her and she tried to avoid getting hit. The patient was initially examined by [REDACTED] who performed plain view x-rays of the neck and prescribed oral medications as well as starting the patient on physical therapy for which she has completed 12 sessions to date. On 05/30/2013, the patient underwent an MRI of the cervical spine which noted multilevel degenerative changes, no cervical fracture, and no facet joint subluxation. A second MRI of the cervical spine was performed on 07/01/2013 which noted no acute abnormalities, mild to moderate degenerative disc disease with spondylosis and disc protrusions from C2-3 through C5-6. Findings were most pronounced at C4-5 and C5-6 as discussed above. There is borderline mild central canal stenosis at C5-6. There is also multilevel bilateral facet arthropathy with neural foraminal encroachment. Findings are most pronounced bilaterally at C5-6. Loss of lordosis compatible with muscle spasms was noted and there are also subtle anterolisthesis at C3-4 and C4-5 also likely due to some muscle spasm. The most current clinical date is 10/17/2013 in which the patient returned with intermittent neck pain, radiating pain into both parascapular regions and worse with overhead activities. The patient is now seeking to have an epidural steroid injection performed in the cervical spine region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural steroid injections at C2-C3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: According to California MTUS Guidelines, and epidural steroid injection is recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections in one setting. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The requested service indicates the patient is to have an ESI at the C2-3 level. However, the patient stated she is having intermittent neck pain with radiating pain into both parascapular regions which does not match the dermatome sites in regards to the C2 and C3 levels of the cervical vertebrae. Therefore, with the injection not matching the sites affected by the radiating pain, the epidural steroid injection under review is not considered medically necessary. Furthermore, there is nothing indicated the patient will be continuing with any form of conservative modality as an adjunct to any ESI she may undergo. As such, the requested service is non-certified.