

Case Number:	CM13-0029672		
Date Assigned:	12/13/2013	Date of Injury:	04/07/2011
Decision Date:	04/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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:

The patient is a 57-year-old female who is reported to have suffered a work-related injury on 4/7/11. Since the injury, she has complained of neck and back pain as well as pain in the upper and lower extremities. She has been treated extensively with a variety of drugs including Celebrex, Cymbalta, hydrocodone, as well as fentanyl patches. She has also undergone activity modification and physical therapy. She continues to complain of multiple areas of pain. The physician evaluated her on 8/13/13; she was complaining of back pain radiating to the lower extremities and neck pain radiating to the upper extremities. The physician noted weakness in the C6-7 myotomes and sensory deficit in the C6-7 dermatomes. However, specific muscle group weakness was not documented. No new imaging was performed. The physician requested C5-C7 cervical epidural injection as outpatient as an attempt to avoid surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY AT LEFT C5-C7, AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AND OTHER MEDICAL TREATMENT GUIDELINES OR MEDICAL EVIDENCE

Decision rationale: The ODG describes rationale and indication for epidural injections. This patient does not have clear documentation of radiculopathy. No imaging studies exhibit nerve root compression. There is no electrodiagnostic evaluation for radiculopathy. Therefore, cervical epidural injection does not seem to be indicated. The procedure carries significant risks, particularly if performed at the foraminal level. The American Academy of neurology provides evidence against cervical epidural injections because of the elevated risk and no long-term benefits. Armon C, Argoff CE, Samuels J, Backonja MM; Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Assessment: use of epidural steroid injections to treat radicular lumbosacral pain: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Neurology*. 2007 Mar 6; 68(10):723-9