

Case Number:	CM13-0046648		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2003
Decision Date:	04/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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 63-year-old male who sustained an injury while at work on 4/28/2003. He was riding in a company vehicle and was hit from behind. Following the injury he developed neck and back pain. MRI of the cervical spine on 9/13/13 showed bilateral neuroforaminal stenosis at C5-6 and cervical facet hypertrophy at C3-4 and C5-6 and partial ankylosis. Electromyography (EMG) showed left C5-6 radiculopathy. He has been under the care of a pain management physician and received interventional pain management, L4 and L5 medial branch blocks for low back pain. The patient was seen by a neurosurgeon who recommended cervical epidural injection on 10/10/13 or cervical laminectomy and discectomy at C5-6 level. This patient has previously undergone anterior cervical discectomy at C4-5 and C5-6 without a bone graft on 3/20/04. Now he carries a diagnosis of failed neck syndrome. A medical reviewer did not certify the need for cervical epidural injection based on the evidence based guidelines on 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT TRANSLAMINAR CERVICAL EPIDURAL STEROID INJECTION AT ONE LEVEL: Upheld

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

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

Decision rationale: Cervical epidural injections do not provide long-term pain relief. The procedure is associated with increased risk of vascular and spinal cord injury. Transforaminal epidural injections in the cervical area are generally not performed due to the elevated risk. Most translaminar injections are performed at the C6-7 or C7-T1 levels. This patient has significant foraminal stenosis on the left at C5-6 which appears to be causing atrophy and weakness of the biceps and deltoid muscle. Therefore a cervical epidural injection would probably provide no relief or improvement in the nerve root compression or deficit. The MTUS Chronic Pain Guidelines indicate the American Academy of neurology concluded cervical epidural injections have no real value in managing cervical radiculopathy. The request is not medically necessary and appropriate.