

Case Number:	CM13-0050610		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2012
Decision Date:	05/22/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, 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 44-year-old male with an 11/7/12 date of injury. At the time (6/10/13) of request for authorization for diagnostic bilateral cervical epidural steroid injection at the levels of C4-5 and C5-6, there is documentation of subjective (neck pain radiating to the head with numbness and tingling in the neck) and objective (decreased sensation in the left C7 and C8 dermatomes, tenderness to palpation of the cervical paraspinal muscles with muscle guarding, positive Spurling's and foraminal compression tests, and decreased cervical range of motion) findings, imaging findings (MRI of the cervical spine (12/15/12) report revealed 2mm posterior disc protrusion at C4-5 and C5-6), current diagnoses (displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, and myalgia), and treatment to date (activity modification, acupuncture, TENS unit, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC BILATERAL CERVICAL EPIDURAL STEROID INJECTION AT THE LEVELS OF C4-5 AND C5-6.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections 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).

Decision rationale: The ACOEM Guidelines indicates cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The ODG identifies documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and failure of conservative treatment, as criteria necessary to support the medical necessity of cervical epidural injections. Within the medical information available for review, there is documentation of diagnoses of displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, and myalgia. In addition, there is documentation of objective (positive Spurling's test) radicular findings in each of the requested nerve root distributions and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (neck pain radiating to the head with numbness and tingling in the neck), there is no documentation of specific (to a nerve root distribution) subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of imaging findings (MRI of the cervical spine identifying 2mm posterior disc protrusion at C4-5 and C5-6), 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 medical records provided for review, the request for diagnostic bilateral cervical epidural steroid injection at the levels of C4-5 and C5-6 is not medically necessary and appropriate.