

Case Number:	CM13-0052247		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2009
Decision Date:	03/17/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 53-year-old female with a 4/2/09 date of injury. At the time of request for authorization for C5/6 epidural steroid injection QTY:1.00, Fluoroscopy for cervical spine procedure QTY:1.00, and Office visit, cervical spine QTY:1.00; there is documentation of subjective (neck pain and right shoulder pain) and objective (full range of motion of the neck and no tenderness to palpation) findings, imaging findings (MRI of the cervical spine (7/23/12) report revealed moderate right neural foraminal narrowing at C5-C6), current diagnoses (cervical radiculopathy), and treatment to date (massage, TENS, physical therapy, activity modification, injection, and medication). 7/30/13 medical report plan indicates cervical epidural steroid injection to be performed under fluoroscopic guidance in the office at C5-C6 level. There is no documentation of subjective and objective radicular findings at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5/6 epidural steroid injection QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 & Upper Back Chapter, Epidural steroid injection (ESI)

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. 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 a diagnosis of cervical radiculopathy and a plan indicating cervical epidural steroid injection to be performed under fluoroscopic guidance in the office at C5-C6 level. In addition, there is documentation of imaging findings (neural foraminal stenosis) at the requested level and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of subjective (neck pain) and objective (full range of motion of the neck and no tenderness to palpation) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings at the requested level. Therefore, based on guidelines and a review of the evidence, the request for C5/6 epidural steroid injection QTY: 1.00 is not medically necessary.

Fluoroscopy for cervical spine procedure QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 & Upper Back Chapter, Epidural steroid injection (ESI)

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. 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 a diagnosis of cervical radiculopathy and a plan indicating cervical epidural steroid injection to be performed under fluoroscopic guidance in the office at C5-C6 level. In addition, there is documentation of imaging findings (neural foraminal stenosis) at the requested level and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of subjective (neck pain) and objective (full range of motion of the neck and no tenderness to palpation) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings at the requested level. Therefore, based on guidelines and a review of the evidence, the request for Fluoroscopy for cervical spine procedure QTY: 1.00 is not medically necessary.

Office visit, cervical spine QTY:1.00:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 & Upper Back Chapter, Epidural steroid injection (ESI)

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. 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 a diagnosis of cervical radiculopathy and a plan indicating cervical epidural steroid injection to be performed under fluoroscopic guidance in the office at C5-C6 level. In addition, there is documentation of imaging findings (neural foraminal stenosis) at the requested level and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of subjective (neck pain) and objective (full range of motion of the neck and no tenderness to palpation) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings at the requested level. Therefore, based on guidelines and a review of the evidence, the request for Office visit, cervical spine QTY: 1.00 is not medically necessary.