

Case Number:	CM13-0052936		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2011
Decision Date:	03/04/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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 has chronic neck pain and also complains of upper extremity pain, numbness, tingling, and weakness. There is difficulty with physical activity. Physical exam shows tenderness to palpation in the paravertebral muscles of the cervical spine with decreased range of cervical motion. There is decreased dermatomal sensation of the bilateral C6 dermatomes. An MRI of the cervical spine from February 17, 2011 demonstrates disc degeneration at C6-7 with no evidence of disc herniation, no evidence of spinal stenosis, and no evidence of foraminal narrowing. Medical records do not indicate that the patient has had a recent trial of physical therapy. The patient continues to complain of chronic pain and headaches. The patient has a history of previous cervical epidural steroid injections with partial pain relief. At issue is whether an additional cervical epidural steroid injection (ESI) is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection (ESI) at C6-7: 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 (ESIs) Section Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than two ESI injections. A second epidural injection is suggested if partial success is produced with the first injection and a third ESI is rarely recommended. 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. This patient does not meet established criteria for cervical epidural steroid injection. Specifically, the patient's cervical MRI does not show any significant compression of a cervical nerve root or spinal cord. In addition, the physical examination does not correlate with the cervical imaging studies which show a specific radiculopathy. Although the patient has had previous cervical epidural steroid injections without success, additional cervical epidural steroid injections are not medically necessary because the patient has not established criteria for cervical injection. Specifically, the MRI imaging study does not show any compression of the nerve root. Therefore, the request is not certified.