

Case Number:	CM13-0059060		
Date Assigned:	12/30/2013	Date of Injury:	03/25/1998
Decision Date:	03/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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:

This 47 year-old patient sustained an injury on 3/25/98 while employed by [REDACTED]. Request under consideration includes cervical epidural steroid injection (CESI). Report of 11/18/13 from provider noted patient had complaints of chronic, severe neck pain from a history of anterior cervical fusion. He also noted pain in the iliac crest at site of bone graft harvest for the fusion that radiates down right leg. Low back pain also radiates to anterolateral thigh with associated numbness and tingling. MRI of the cervical spine done on 3/8/11 showed prior C5-C6 solid fusion with C3-5 degenerative disc and joint disease and retrolisthesis noted. Current medications include Vicodin and Cymbalta. Physical therapy had made his condition worse and CESI provided just a little relief of pain. He reported acupuncture to have worked very well in the past. Treatment plan included MRI of cervical spine, lumbar spine as well as cervical epidural steroid injection (site was not specified). Request for CESI above was non-certified on 11/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 47.

Decision rationale: This 47 year-old employee sustained an injury on 3/25/98 while employed by [REDACTED]. Request under consideration include cervical epidural steroid injection (site was not specified). Report of 11/18/13 from provider noted the employee had chronic neck complaints from history of anterior cervical fusion at C5-6. An MRI of the cervical spine done on 3/8/11 showed prior C5-C6 solid fusion with C3-5 degenerative disc and joint disease and retrolisthesis noted. Current medications include Vicodin and Cymbalta. Physical therapy had made the condition worse and CESI provided just a little relief of pain. The employee reported acupuncture to have worked very well in the past. Treatment plan included MRI of cervical spine, lumbar spine as well as cervical epidural steroid injection (site was not specified). The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Previous MRI of cervical spine noted solid one-level fusion without significant canal or neural foraminal stenosis. The employee also had undergone previous cervical epidural injections as noted by the provider with very minimal relief. Submitted reports have not adequately demonstrated any significant pain relief or functional improvement from multiple prior injections rendered. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The cervical epidural injections are also not specified for what site(s) are being requested. Treatment plan included concurrent cervical MRI with the CESI being requested. The cervical epidural steroid injection is not medically necessary and appropriate.