

Case Number:	CM13-0065879		
Date Assigned:	01/03/2014	Date of Injury:	12/26/2012
Decision Date:	05/19/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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 52-year-old male with a 12/26/12 date of injury, and status post left shoulder surgery on 9/27/13. At the time (11/15/13) of request for authorization for cervical epidural steroid injection C5-6 and C6-7 under fluoroscopic guidance and IV sedation, there is documentation of subjective (worsening neck pain, numbness and tingling in the tips of the fingers) and objective (decreased sensation to light touch and pinprick in the left ring and pinky fingers) findings. The cervical spine MRI report, dated 3/29/13 revealed C5-6 and C6-7 moderate degenerative disc disease with 2 mm disc osteophyte complexes with mild central canal narrowing and moderate severe bilateral neural foraminal narrowing). The current diagnosis include cervical spondylosis without myelopathy. The treatment to date include: cervical epidural steroid injection (CESI) on 8/6/13, with a reported 50% improvement in the neck and upper extremity symptoms that lasted a couple of months, improved cervical spine range of motion, and overall function improved by 70-80%, medications, and left shoulder subacromial injection. There is no documentation of decreased need for pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C5-6 AND C6-7 UNDER FLUOROSCOPIC GUIDANCE AND IV SEDATION QTY: 2.00: 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): 175. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, EPIDURAL STEROID INJECTIONS (ESIs).

Decision rationale: The MTUS/ACOEM Guidelines indicate that cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines identify documentation of at least 50-70% pain relief for six to eight (6-8) weeks, with a general recommendation of no more than four (4) blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnosis of cervical spondylosis without myelopathy. In addition, there is documentation of a prior cervical epidural steroid injection (CESI) done 8/6/13, with reported 50% improvement in the neck and upper extremity symptoms that lasted a couple of months, improved cervical spine range of motion, and overall function improved by 70-80%. However, there is no documentation of the decreased need for pain medications. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection C5-6 and C6-7 under fluoroscopic guidance and IV sedation is not medically necessary.