

Case Number:	CM13-0071950		
Date Assigned:	01/08/2014	Date of Injury:	07/24/2012
Decision Date:	06/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 57-year-old male who reported an injury on 07/24/2012 due to stepping down from a ladder and missing a step. The clinical note dated 11/08/2013 noted the injured worker presented with pain of his back, pain in his left shoulder, pain in his arm, and slight numbness and tingling in his left arm. The physical exam of the injured worker revealed sensation was intact to light touch and motor strength was intact. Range of motion values were documented as 45 degrees of forward flexion, 45 degrees of backwards extension, 30 degrees of right lateral tilt, 30 degrees of left lateral tilt, 60 degrees of right rotation, and 60 degrees of left rotation. An MRI of the cervical spine dated 09/19/2012 showed degenerative disc changes at multiple levels in the mid cervical spine causing some central lateral recess stenosis greatest at the C5-6 and C6-7 disc space levels with paucity of CSF along the associated nerve roots as described. There was no definite compression at the cervical cord or obvious compression or deviation on the associated nerve roots. The injured worker was diagnosed with degeneration of cervical intervertebral disc, cervical spondylosis, displacement of cervical intervertebral disc without myelopathy, and spinal stenosis in the cervical region. The provider recommended a cervical epidural steroid injection at the C6-7 level. The request for authorization was not provided within the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI) AT C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for Cervical Epidural Steroid Injection (ESI) AT C6-7 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with early rehab efforts including continuing an exercise program. The included medical documents lack evidence of objective physical exam findings of radiculopathy. There is also no evidence in the documentation provided of exhaustion of conservative therapy such as NSAIDs and physical therapy. As such, the request for Cervical Epidural Steroid Injection (ESI) AT C6-7 is not medically necessary.