

Case Number:	CM13-0072212		
Date Assigned:	01/17/2014	Date of Injury:	02/06/2013
Decision Date:	11/10/2014	UR Denial Date:	12/03/2013
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 Anesthesiology, has a subspecialty in Pain Management 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 59-year-old female with a 2/6/13 date of injury. The medical records were reviewed. At the time (12/3/13) of request for authorization for C7-T1 intralaminar cervical epidural steroid injection #2, there is documentation of subjective (chronic neck pain with a left C6-7 radiculopathy, pain radiation to the thumb, 1st, 2nd digits) and objective (cervical spine decreased range of motion, tenderness and pain, decreased light touch at the left thumb and index finger) findings. The imaging findings (cervical spine MRI (8/20/13) report revealed C7-T1 small to moderate sized posterior disc osteophyte complex eccentric to the left, results in minimal central canal as well as at least mild to moderate neural foraminal narrowing on the left. The current diagnoses are cervical disc herniation with radiculopathy and cervical disc degeneration. The treatment to date includes medications and physical therapy. 11/4/13 medical report identifies a request for C7-T1 intralaminar cervical epidural steroid injection x 2. There is no documentation of failure of additional conservative treatment (activity modification) and that the first block was not accurately placed.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Intralaminar Cervical Epidural Steroid Injection #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Injections (ESIs)

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. Official Disability Guidelines 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. In addition, Official Disability Guidelines does not support an additional block (series) if the first block is accurately placed. Within the medical information available for review, there is documentation of diagnoses of cervical disc herniation with radiculopathy and cervical disc degeneration. In addition, there is documentation of subjective (pain) and objective (sensory changes) radicular findings, imaging (MRI) findings (moderate neural foraminal stenosis), and failure of conservative treatment (medications and physical modalities). However, there is no documentation of failure of additional conservative treatment (activity modification). In addition, given that the request is for C7-T1 intralaminar cervical epidural steroid injection x 2, there is no documentation that the first block was not accurately placed. Therefore, based on guidelines and a review of the evidence, the request for C7-T1 intralaminar cervical epidural steroid injection #2 is not medically necessary.