

Case Number:	CM14-0101458		
Date Assigned:	09/16/2014	Date of Injury:	03/23/2009
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 43-year-old man who sustained a work-related injury on March 23, 2009. Subsequently, he developed chronic back pain. The patient underwent a C6-7 epidural injection on February 7, 2013. There is no documentation of pain or functional improvement with that epidural injection. According to the progress note dated on 4/20/2014, the patient was complaining of persistent pain in the neck. His physical examination demonstrated cervical tenderness with reduced range of motion, positive Spurling's maneuver, and dysesthesia at the C6-C7 dermatomes. The patient's pain was rated 7/10 without medication and 9/10. The provider requested authorization for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Bilateral C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open

surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction of the need for surgery. Furthermore, the patient file does not document that the patient is a candidate for surgery. Although the patient has clinical evidence of radiculopathy, there is no documentation of functional and pain improvement with the previous epidural steroid injection. MTUS guidelines do not recommend repeat epidural injections for neck pain without documentation of previous efficacy. Therefore, the request for ESI Bilateral C6-C7 is not medically necessary.