

Case Number:	CM14-0105047		
Date Assigned:	07/30/2014	Date of Injury:	03/29/2012
Decision Date:	10/01/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 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 59 year old female who reported an injury on 03/29/2012; the mechanism of injury was not provided. Diagnoses included cervical degenerative spondylosis from C2-3 to C5-6 with central stenosis at C5-6 and C6-7, and right cervical radiculitis. Past treatments included physical therapy and medications. Diagnostic studies included an unofficial MRI of the cervical spine, dated 05/25/2012, which revealed a C5-6 disc osteophyte complex with mild right neuroforaminal narrowing, and mild degenerative findings at C2-3, C3-4, C4-5, and C5-6. Surgical history was not provided. The clinical note dated 06/02/2014 indicated the injured worker complained of severe recurrent neck pain radiating to the upper extremities, and numbness and tingling in the bilateral hands. The injured worker's pain was rated 6/10. Physical exam of the cervical spine revealed tenderness to palpation over the right C5-6 and C6-7 areas, limited range of motion, decreased strength and deep tendon reflexes to the upper extremities, and diminished sensation over the right C6 nerve distribution. Medications included Ultracet 37.5/325 mg, Zanaflex 2 mg, and topical capsaicin cream. The treatment plan included a cervical epidural steroid injection for pain management. The request for authorization form was signed on 06/12/2014.

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 no chapter given.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection is not medically necessary. The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for use of epidural steroid injections includes documented radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. The clinical notes indicated the injured worker had decreased strength and deep tendon reflexes to the upper extremities and diminished sensation over the right C6 nerve distribution. The request, however, does not include the location for the cervical epidural steroid injection. The request does not indicate whether the requested injection is to be performed under fluoroscopic guidance. Additionally, the official MRI report for the referenced cervical spine MRI is not provided within the medical records. Therefore, the request for cervical epidural steroid injection is not medically necessary.