

Case Number:	CM14-0011070		
Date Assigned:	02/21/2014	Date of Injury:	01/01/1988
Decision Date:	06/25/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/28/2014

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 and 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:

According to the records made available for review, this is a 62-year-old female with a 1/1/88 date of injury, and C3-7 cervical fusion, unspecified date. At the time (1/2/14) of request for authorization for C7-T1 epidural steroid injection (ESI) x1, there is documentation of subjective (cervical pain and pain in the arms) and objective (tender in the lower cervical spine, decreased range of motion, and weakness in the bilateral upper extremities) findings, imaging findings (MRI Cervical Spine (7/15/13) report revealed mild anterolisthesis at C7-T1 without significant spinal stenosis or foraminal narrowing noted), current diagnoses (C3-7 cervical fusion and chronic pain syndrome), and treatment to date (surgery, cervical ESI at T1-2, and physical therapy). Medical report identifies that the patient had a previous T1-T2 epidural steroid injection that provided excellent relief for the patient for at least 3 months. There is no specific (to a nerve root distribution) documentation of objective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 EPIDURAL STEROID INJECTION (ESI) X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID.

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. ODG 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. Within the medical information available for review, there is documentation of diagnoses of C3-7 cervical fusion and chronic pain syndrome. In addition, there is documentation of subjective (pain) and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite non-specific documentation of objective findings (weakness in the bilateral upper extremities), there is no specific (to a nerve root distribution) documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, given documentation of imaging findings (MRI Cervical Spine revealed mild anterolisthesis at C7-T1 without significant spinal stenosis or foraminal narrowing noted), there is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for C7-T1 epidural steroid injection (ESI) x1 is not medically necessary.