

Case Number:	CM14-0017545		
Date Assigned:	04/18/2014	Date of Injury:	06/28/2005
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Arizona. 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 60-year-old male who sustained a work related injury on 6/28/05. Since the work-related injury, he has complained of neck and back pain. He is taking Percocet for pain relief. He was seen by a physician on 1/9/14 and he was complaining of neck pain, muscle spasms as well as tingling in both hands along the index fingers and thumb. Examination revealed decreased sensation in the C5-6 dermatomal pattern. There was no clear description regarding any muscle weakness, atrophy or reflex changes. MRI of the cervical spine done several years ago in 2009 showed multiple disc protrusion. Cervical epidural injection at C5-6 under fluoroscopy guidance was recommended but was not approved by the medical reviewer on 1/23/14 based on the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL EPIDURAL INJECTION UNDER FLUOROSCOPIC GUIDANCE AT C5-C6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injection Section.

Decision rationale: The Official Disability Guidelines (ODG) has specific recommendations for epidural injections. Radiculopathy must be documented by physical examination and corroborated by diagnostic studies and/or electrodiagnostic testing. Failure of noninvasive treatment such as physical therapy, exercise, non-steroidal drugs must be pursued and documented prior to consideration of invasive procedures. The efficacy of cervical epidural injections has been questioned and no definite guidelines exist as to the long-term benefit according to the American Academy of neurology. Available medical records do not clearly document the need for cervical epidural injection. The request is not medically necessary.