

Case Number:	CM14-0119746		
Date Assigned:	08/06/2014	Date of Injury:	07/15/2010
Decision Date:	09/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 Internal Medicine 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 patient is an injured worker with of cervical intervertebral disc. Date of injury was 07-15-2010. Progress report dated 06/24/2014 documented that neck pain is localized without radiation to the arms. Pain with motion of the neck and with activities of daily living. Neck pain is burning, sharp, constant. Pain is present in her shoulder, thoracic spine, low back, bilateral knees, and right foot. The pain is described as very severe, sharp, stabbing, and disabling. Patient experiences weakness in legs, arms, clumsiness in both hands, balance problems, and constipation. Sitting, standing, walking, lifting, bending, writing, driving, all make her pain worse. She rates her pain as 10 out of 10 at worst and 7 out of 10 at best. Neck exam demonstrated moderate TTP tenderness to palpation over paraspinal muscles. Limited range of motion secondary to pain. Negative Spurling. Motor exam noted weakness and clumsiness in both arms and hands. Upper extremity Sensory exam noted decreased sensation along paraspinal region. MRI of cervical spine shows 3 mm disc herniation at C6/7 and 2 mm C5/6. Diagnosis was displacement of cervical intervertebral disc without myelopathy. C6/7 cervical epidural was requested. A qualified medical examiner QME was completed on July 24, 2012 by [REDACTED], which noted that previous epidural injections did not provide benefit. Utilization review determination date was 07-16-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6/7 Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 177-179, 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46 Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). ACOEM guidelines state 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. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Progress report dated that 06/24/2014 neck pain is localized without radiation to the arms. The patient did not have radicular pain. Qualified medical examiner QME report dated July 24, 2012 noted that previous epidural injections did not provide benefit. Because the patient did not have radicular cervical pain, cervical epidural steroid injection is not medically necessary per MTUS. Therefore, the request for C6/7 Epidural Injection is not medically necessary and appropriate.

Follow up 2 weeks post injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 177-179, 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

follow up 4 weeks post injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.