

Case Number:	CM14-0128329		
Date Assigned:	08/18/2014	Date of Injury:	05/28/2013
Decision Date:	09/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 23-year-old male with a 5/28/13 date of injury. At the time (7/31/14) of the Decision for High Volume Epidural Injections C2/C3, C3/C4, C4, C5 & C5/C6, there is documentation of subjective (severe low back pain) and objective (cervical range of motion: flexion 30, extension 30, bilateral lateral flexion 20, left rotation 30, and right rotation 40 degrees, and shoulder range of motion slightly decreased) findings, imaging findings (Reported Cervical Spine MRI (November 2013) revealed mild stenosis of the spinal canal at C2-3, C3-4, C4-5, and C5-6; report not available for review), current diagnoses (cervicalgia, cervical intervertebral disc displacement without myelopathy, degeneration of cervical intervertebral disc, and cervical strain and sprain), and treatment to date (pain medications (unspecified), activity modifications, and acupuncture). There is no documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and no more than two nerve root levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Volume Epidural Injections C2/C3, C3/C4, C4, C5 & C5/C6: Upheld

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

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, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels to be injected in one session, 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 cervicalgia, cervical intervertebral disc displacement without myelopathy, degeneration of cervical intervertebral disc, and cervical strain and sprain. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of the 8/13/14 medical report's reported imaging findings (cervical spine MRI identifying MILD stenosis of the spinal canal at C2-3, C3-4, C4-5, and C5-6), there is no documentation of an imaging report with imaging findings (MODERATE or greater central canal stenosis) at each of the requested levels. Furthermore, there is no documentation of no more than two nerve root levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for High Volume Epidural Injections C2/C3, C3/C4, C4, C5 & C5/C6 is not medically necessary.