

Case Number:	CM14-0132936		
Date Assigned:	08/27/2014	Date of Injury:	04/28/2013
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48-year-old woman who sustained a work related injury on April 28, 2013. Subsequently, she developed chronic neck and low back pain. According to the progress report dated August 20, 2014, the patient was treated with trigger point injections on July 11, 2014 and significantly decreased her right trapezium pain; however, she continued to have neck pain and right upper extremity arm pain along the C6 distribution. The patient continued to have persistent low back pain on the right that extends into the posterior buttock and down the lower extremity on the right into the plantar aspect of the foot. Her physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. Positive Kemp's test on the left and positive straight leg raise on the right causing radicular pattern down into the S1. There is decreased S1 dermatomal pattern on the right. The patient was diagnosed with cervical disc herniation per MRI dated October 30, 2013, cervical radiculopathy, lumbar disc herniation per MRI dated October 30, 2013, and lumbar radiculopathy. The provider requested authorization for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C4-5, C5-6 and C6-7: Upheld

Claims Administrator 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 and Upper Back Chapter, Epidural Steroid Injection Section and the AMA Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper back pain Page(s): 173, 309.

Decision rationale: According to MTUS guidelines, 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. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no clinical evidence supporting the diagnosis cervical radiculopathy. Furthermore, there is no radiological evidence of radiculopathy extending from C4-5, C5-6 and C6-7. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy (309). Therefore, the request for Cervical Epidural Steroid Injection at C4-5, C5-6 and C6-7 is not medically necessary.