

Case Number:	CM14-0133077		
Date Assigned:	09/22/2014	Date of Injury:	12/16/2010
Decision Date:	10/21/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/20/2014

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 Preventive 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:

According to the records made available for review, this is a 62-year-old male with a 12/16/10 date of injury. At the time (6/20/14) of the request for authorization for 1 cervical epidural injection at the levels of C5-C6 and C7-T1, there is documentation of subjective (pain in the cervical area radiating down his left arm) and objective (sensation is diminished on the left side for C5 through T1, decreased strength on the left side for shoulder abduction, wrist extension, wrist flexion and finger extension, finger flexion, and finger abduction and adduction) findings, imaging findings (MRI cervical spine (4/16/14) report revealed at C5-6 3-4 mm posterior disc bulge resulting in moderate bilateral neural foraminal narrowing, moderate canal stenosis and bilateral exiting nerve root compromise. At C7-T1 a 2-3mm posterior disc bulge and uncovertebral osteophyte formation result in moderate right and mild to moderate left neural foraminal narrowing and bilateral exiting nerve root compromise), current diagnoses (spondylosis of the cervical spine, cervical pain, cervical radiculopathy, cervical spine degenerative disc disease, and impingement of the cervical spine with left radicular symptoms), and treatment to date (medication and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical epidural steroid injection at the levels of C5-C6 AND C7-T1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 spondylosis of the cervical spine, cervical pain, cervical radiculopathy, cervical spine degenerative disc disease, and impingement of the cervical spine with left radicular symptoms. In addition, there is documentation of subjective (pain) and objective (sensory changes, motor changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (moderate or greater central canal stenosis and neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for 1 cervical epidural injection at the levels of C5-C6 and C7-T1 is medically necessary.