

Case Number:	CM14-0142917		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2013
Decision Date:	11/04/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 6/5/13. A utilization review determination dated 8/6/14 recommends modification of cervical epidural steroid injection at the levels of C5-C6 under monitored anesthesia care and Epidurography to cervical epidural steroid injection at the levels of C5-C6 with Epidurography. It referenced a 7/16/14 medical report identifying persistent neck pain with numbness and weakness in the upper extremity. On exam, there was tenderness, limited ROM, positive axial compression testing, and diminished sensation over the C5 and C6 dermatomes. Prior treatment included rest, NSAIDs, cold and heat application, and PT. 4/18/14 EMG/NCS demonstrated evidence of an acute right C5 and C6 cervical radiculopathy. 4/28/14 cervical spine MRI noted C5-6 3 mm broad based posterior disc protrusion causing mild central canal stenosis, indentation and impingement on the anterior thecal sac and cervical cord at C5-6 interspace, and mild spondylosis. 5/29/14 EMG was normal, with NCS demonstrating right median sensory and motor neuropathy at the wrist.

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 C5-C6 levels under Monitored Anesthesia Care and Epidurography: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for cervical epidural steroid injection at C5-C6 under monitored anesthesia care and Epidurography, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there is persistent neck pain with numbness and weakness in the upper extremity, diminished sensation over the C5 and C6 dermatomes, and failure of conservative treatment with positive MRI and EMG findings. In light of the above, the currently requested cervical epidural steroid injection at C5-C6 under monitored anesthesia care and Epidurography is medically necessary.