

Case Number:	CM14-0158829		
Date Assigned:	10/02/2014	Date of Injury:	07/17/2012
Decision Date:	12/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation, 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 50-year-old female with a 7/17/12 date of injury. At the time (9/4/14) of the Decision for Cervical epidural steroid injection with catheter C4-5, C5-6, there is documentation of subjective (neck pain and upper extremity has continued to bother her) and objective (mildly antalgic gait, cervical range of motion is mildly limited to extension with moderate pain, tender to pressure paraspinally at C5-C6 and C6-7, mildly tender to pressure symmetrically on the right, Spurling's test positive bilaterally, and sensation decreased over left C6 dermatome) findings, imaging findings (Reported Cervical Spine MRI (2/19/14) revealed no vertebral body compression fracture or focal osseous lesion; mild multilevel degenerative changes without evidence of cord compression of frank nerve root compression; report not available for review), current diagnoses (displacement of cervical intervertebral disc without myelopathy), and treatment to date (medications (including ongoing treatment with Vicodin and tramadol), activity modifications, and physical therapy). There is no documentation of subjective radicular findings in each of the requested nerve root distributions and an imaging report with imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with catheter C4-5, C5-6: 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, 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 a diagnosis of displacement of cervical intervertebral disc without myelopathy. In addition, there is documentation of objective (sensory changes and positive Spurling's) radicular findings in each of the requested nerve root distributions and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective (neck pain and upper extremity has continued to bother her) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of an imaging report with imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for Cervical epidural steroid injection with catheter C4-5, C5-6 is not medically necessary.