

Case Number:	CM14-0159500		
Date Assigned:	10/03/2014	Date of Injury:	10/19/2005
Decision Date:	11/28/2014	UR Denial Date:	09/05/2014
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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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 68-year-old female with a 5/20/10 date of injury. At the time (8/12/14) of request for authorization for Cervical Epidural Steroid Injection, C5-C6, there is documentation of subjective (moderate neck pain radiating to both parascapular regions) and objective (decreased range of motion of the neck; grade 4/5 weakness of supraspinatus deltoid, biceps, wrist extensor, and wrist flexors and intrinsic of the right hand; and tenderness to palpitation over the biceps tendon, rotator cuff and subacromial region of the right shoulder) findings, imaging findings (Reported MRI of the cervical spine (unspecified date) revealed moderate C5-6 and C6-7 degenerative disc disease with marked disc space narrowing and mechanical neck pain; report not available for review), current diagnoses (right shoulder moderate to severe acromioclavicular arthropathy, cervical disc herniation at C5-6 with mechanical neck pain, right index trigger finger, right shoulder supraspinatus tendonitis, and right shoulder impingement syndrome), and treatment to date (medications). There is no documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution, imaging report, and failure of additional conservative treatment (activity modifications and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. 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 right shoulder moderate to severe acromioclavicular arthropathy, cervical disc herniation at C5-6 with mechanical neck pain, right index trigger finger, right shoulder supraspinatus tendonitis, and right shoulder impingement syndrome. In addition, given documentation of objective (grade 4/5 weakness of supraspinatus deltoid, biceps, wrist extensor, and wrist flexors and intrinsic of the right hand) findings, there is documentation of objective (motor changes) radicular findings in each of the requested nerve root distributions. Furthermore, there is documentation of failure of conservative treatment (medications). However, despite nonspecific documentation of subjective findings (moderate neck pain radiating to both parascapular regions), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of medical report's reported imaging finding (MRI of the cervical spine revealing moderate C5-6 and C6-7 degenerative disc disease with marked disc space narrowing and mechanical neck pain), there is documentation of an imaging report. Lastly, there is no documentation of failure of additional conservative treatment (activity modifications and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Cervical Epidural Steroid Injection, C5-C6 is not medically necessary.