

Case Number:	CM14-0165812		
Date Assigned:	10/15/2014	Date of Injury:	04/12/2006
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 60-year-old male with a 4/12/06 date of injury. At the time (9/15/14) of Decision for C7-T1 epidural corticosteroid injection, there is documentation of subjective (neck pain and shoulder pain) and objective (decreased sensation to light touch in the lateral aspect of the forearm and in the fourth and fifth digits bilaterally) findings, imaging findings (Reported MRI of the cervical spine (11/4/10) revealed a prior anterior cervical discectomy and fusion at C4-7; there is a shallow disc bulge at C3-4, slightly increased in size in the interim; there is a mild right uncovertebral arthropathy at C4-5; there is minimal bilateral uncovertebral arthropathy and minimal posterior osteophyte at C5-6; there is mild bilateral uncovertebral arthropathy at C6-7; and normal C7-T1 level; report not available for review), current diagnoses (chronic pain syndrome, myofascial pain syndrome, bilateral C7 radiculopathy, and status post anterior cervical discectomy and fusion at C4-7), and treatment to date (medications). There is no documentation of subjective (pain, numbness, or tingling) 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 additional conservative treatment (activity modification and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 epidural corticosteroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

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 chronic pain syndrome, myofascial pain syndrome, bilateral C7 radiculopathy, and status post anterior cervical discectomy and fusion at C4-7. In addition, given documentation of objective (decreased sensation to light touch in the lateral aspect of the forearm and in the fourth and fifth digits bilaterally) findings, there is documentation of objective (sensory 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 (neck and shoulder pain), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. Furthermore, there is no documentation of 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. Lastly, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for C7-T1 epidural corticosteroid injection is not medically.