

Case Number:	CM14-0167063		
Date Assigned:	10/14/2014	Date of Injury:	07/09/2010
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine and is licensed to practice in Montana. 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:

The injured worker has a date of injury 7/9/10 when he was involved in a motor vehicle accident. He has ongoing complaint of cervical pain with headaches, knee pain and numbness in the hands. Cervical magnetic resonance imaging (MRI) on 8/8/14 showed degenerative disc disease with mild disc space narrowing at C5-6 and C6-7. There was mild left facet hypertrophy at C2-3 and C3-4. A right posterolateral uncinated spur is noted that causes moderate right neuroforaminal narrowing. Electrodiagnostic testing which showed only bilateral carpal tunnel syndrome with no evidence of radiculopathy. He would be diagnosed with chronic neck pain and cervicogenic headaches. The primary treating physician has requested epidural steroid injections at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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), Procedure Index, Epidural steroid injections (therapeutic)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states, in the ACOEM guidelines, that cervical epidural steroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compression. The ODG guidelines further state that epidural steroid injections are recommended as an option to treat radicular pain. No more than 1 interlaminar level should be injected at 1 session. The radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In this case we see MRI documentation of degenerative disc disease at C5-6 with a spur causing moderate right neural foraminal narrowing. There is also degenerative facet disease on the left at C2-3 and C3-4. Electrodiagnostic testing showed only carpal tunnel syndrome with no evidence for radiculopathy. Complaints of numbness and tingling in the hands appear to be related to carpal tunnel syndrome with no other radicular complaints. With no indications of severe stenosis at any level and a negative electrodiagnostic test for radiculopathy, the request for injections at multiple levels is not supported in the guidelines. The request for cervical epidural steroid injection at C5-6 and C6-7 is not medically necessary.