

Case Number:	CM14-0171774		
Date Assigned:	10/23/2014	Date of Injury:	01/11/2012
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 of the date of injury of January 11, 2012. A utilization review determination dated September 25, 2014 recommends non certification for a cervical epidural steroid injection. A progress report dated September 15, 2014 identifies subjective complaints of ongoing neck pain and left shoulder pain. The pain is rated as 7/10 and radiates to the neck and includes the shoulder radiating to the thumb along the radial aspect of the arm. The patient has tried to muscle relaxants, NSAIDs, opioids, heat/cold therapy, physical therapy, and RF with no help. Physical examination findings revealed decreased sensation in the left C6 distribution with normal strength. Diagnoses include cervical radiculopathy, cervical degenerative disc disease, and cervical disc displacement. The treatment plan recommends a cervical interlaminar injection. A cervical MRI dated April 24, 2014 identifies neural foraminal narrowing at C4-C5, C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Cervical Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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 based on Non-MTUS Citation <http://www.painphysicianjournal.com/2013/march/2013;16;155-164.pdf>

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. It is acknowledged that the requesting physician has not specified a cervical level of injection. However, a study in the Pain Position Journal identifies that cervical epidural injections typically spread 5 spinal segments cephalad and 5 spinal segments caudad to the injection site. Epidural steroid injections are almost never performed above the C-3 spinal level. Therefore, any cervical level that the requesting physician decided to inject should allow the steroid medication to affect the patient's problematic spinal segments. As such, the currently requested cervical epidural steroid injection is medically necessary.