

Case Number:	CM14-0177868		
Date Assigned:	10/31/2014	Date of Injury:	08/07/2002
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 Interventional Spine 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 patient presents with neck pain that shoots down right shoulder. The treating physician is requesting a right C3, C4, and C5 transforaminal epidural injection. Utilization review denied the request stating that the last MRI was over 12 years ago and an updated MRI to assess current pathology would be required. The medical file includes an updated MRI of the cervical spine from 06/06/2014 which revealed disk desiccation with annular bulging and bilateral posterolateral disk osteophyte complexes noted at C3-C4. Findings contribute to moderately severe to severe right with moderate to severe left-sided foraminal stenosis. Mild to moderate bulging of annulus C6-C7 level with minor bilateral foraminal stenosis. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient presents with some radiating symptoms in the right upper extremity, with the MRI from 2014 showing moderate to severe protrusions/herniation at C3-4 and minor stenosis at C6-7. In this case, the treating physician is requesting a right C3, C4, and C5 ESI which does not correlate with the MRI findings of HNP at C3-4. It is not known why the treating physician wants to perform 3 level transforaminal injections. Furthermore, the MTUS states "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Recommendation is for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3, C4, C5 transforaminal epidural steroid injection: 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 Chronic Pain Treatment Guidelines ESI under chronic pain section Page(s): 46, 47.

Decision rationale: The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient presents with some radiating symptoms in the right upper extremity, with the MRI from 2014 showing moderate to severe protrusions/herniation at C3-4 and minor stenosis at C6-7. In this case, the treating physician is requesting a right C3, C4, and C5 ESI which does not correlate with the MRI findings of HNP at C3-4. It is not known why the treating physician wants to perform 3 level transforaminal injections. Furthermore, the MTUS states "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Recommendation is not medically necessary.