

Case Number:	CM14-0182640		
Date Assigned:	11/07/2014	Date of Injury:	06/28/1997
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 43-year-old man who sustained a work-related injury on June 28, 1997. Subsequently, the patient developed with chronic back pain. According to a progress report dated on October 30, 2014, the patient was complaining of continuous neck and back pain and specifically to hands and legs pain. The patient reported some benefit from previous lumbar epidural injection. The patient was treated with the muscle relaxants, anti-inflammatory medications and narcotics. The patient MRI performed on January 14, 2014 demonstrated the same small disc bulging unchanged from previous studies. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, increased sensation in the left lower extremity the distribution of L5-S1 dermatoma, neck tenderness with reduced range of motion. The provider requested authorization for cervical steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical steroid injection, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. In his recent request, the provider did not document the level of the requested cervical injections. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injection is not medically necessary.