

Case Number:	CM14-0183352		
Date Assigned:	11/10/2014	Date of Injury:	08/23/2001
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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 56-year-old woman who sustained a work-related injury on August 23, 2001. Subsequently, she developed chronic neck and low back pain. An MRI of the cervical spine dated August 28, 2014 showed diffuse degenerative changes of the cervical spine. Mild central canal narrowing was present at C5-6 and C6-7. Scattered neural foraminal narrowing was seen. The neural foraminal narrowing appeared most severe on the left at C3-4. X-ray of the cervical spine dated August 28, 2014 showed moderate multilevel cervical spondylosis. According to a medical report dated September 18, 2014, the patient was pretty sore with pain rated 6/10. Her pain was between 5-7/10. The patient was diagnosed with lumbar degenerative disc disease with bilateral radiculopathy, cervical degenerative disc disease, insomnia secondary to pain, situational stress secondary to pain, and side effects from opiate medication. The provider requested authorization for bilateral interlaminar cervical epidural steroid injection at C6-7 and bilateral interlaminar lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral interlaminar cervical epidural steroid injection at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for bilateral interlaminar cervical epidural steroid injection at C6-7 is not medically necessary.

One (1) bilateral interlaminar cervical epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, 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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy. The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, bilateral interlaminar lumbar epidural steroid injection at L5-S1 is not medically necessary.