

Case Number:	CM14-0184853		
Date Assigned:	11/12/2014	Date of Injury:	01/04/2001
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 44-year-old man who sustained a work-related injury on January 4, 2001. Subsequently, the patient developed chronic neck pain. According to a progress report dated on September 9, 2014, the patient was reported to have severe neck pain back pain and leg pain. The patient physical examination demonstrated the cervical tenderness with reduced range of motion, decreased sensation in the upper extremity and the territory of C6 and C7 distribution. The patient MRI of the cervical spine performed on April 29 thousand 14 demonstrated postoperative changes with fusion at C4-5 and C5-6. The patient has previously cervical lumbar epidural injections without major improvement. The provider requests authorization for another cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine interlaminar epidural steroid injection to bilateral C4-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 active radiculopathy. There is no documentation that the patient improved with previous epidural injection. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical spine interlaminar epidural steroid injection to bilateral C4-7 is not medically necessary.