

Case Number:	CM14-0025602		
Date Assigned:	06/13/2014	Date of Injury:	03/30/2000
Decision Date:	07/15/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old male with a date of work injury 3/30/00. The diagnoses includes cervical spinal stenosis. Under consideration is a request for outpatient cervical epidural steroid injection C6-7 under fluoroscopy. A review of the medical records states that an MRI of cervical spine on 6/18/12 revealed acquired degenerative spinal stenosis at C5-6 and C6-7. Left foraminal stenosis at C4-5 with bilateral foraminal stenosis at C5-6 and C6-7 related to uncovertebral arthrosis. Specifically at C6-C7 there is chronic disc degeneration. There is a 3 mm broad-based leftward prominent dorsal disc spur complex which contours the ventral thecal sac. AP dimension of the central canal is 8.8 mm. Osteophytic narrowing of the bilateral neural foramina left greater than right related in part to focal prominent leftward disc spur osteophyte complex. EMG/NCV of bilateral upper extremities on 05/17/13 revealed a left C6-7 radiculopathy. A 1/30/14 orthopedic physician document indicates that the patient is frustrated. He is having progressive neck pain with radiating pain into the shoulders and arms. Active voluntary range of motion of the cervical spine disclosed the patient was very guarded in neck motion. The patient complained of moderate pain at the extremes of motion. Any extension to the neck reproduces pain into the right arm. He has weakness of the right triceps and right hand fingers extensors. The patient is taking very high doses of over-the-counter nonsteroidal anti inflammatories, which tend to develop progressive gastritis. The documentation indicates that surgery in the neck wishes to be avoided. The provider states that the patient needs an epidural injection as soon as possible. The documenting physician states that the patient is aware if epidural injections cannot be authorized, based upon his very objective disease, abnormal electrodiagnostic testing consisting with his cervical radiculopathy, and documented nerve root irritation, surgical intervention is obviously reasonable and appropriate. Per documentation the patient has had

physical therapy for his left shoulder rotator cuff tear beginning on 09/25/2008. The documentation submitted indicates that the patient's 09/20/2012 office note indicated that the patient has had 2 previous epidural steroid injections with noticeable benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL EPIDURAL STEROID INJECTION - C6-7 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): p.45.

Decision rationale: Outpatient cervical epidural steroid injection C6-7 under fluoroscopy is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines indicate that the patient must be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drug (NSAIDs) and muscle relaxants. The documentation indicates that the patient has had physical therapy for his shoulder. There is no documentation that he has attempted therapy for cervical spine. Additionally the documentation submitted states that the patient has had epidural injections in the past. It is unclear from the documentation submitted what where in the spine the epidural steroid injections were placed, the efficacy of these injections, or dates the injections were completed. The MTUS does not recommend additional cervical injections without evidence of benefit from the prior injections. The request for outpatient cervical epidural steroid injection C6-7 under fluoroscopy is not medically necessary.