MAXIMUS Federal Services

Case Number:	CM14-0026060		
Date Assigned:	06/13/2014	Date of Injury:	12/08/2010
Decision Date:	07/16/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation 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 sustained an injury on 12/8/10 while employed by [redacted]. The request(s) under consideration include cervical epidural steroid injection at C3-C4 and C4-C5. Diagnoses include cervical spondylosis with myelopathy/ spinal stenosis/ acquired spondylolisthesis; s/p right shoulder arthroscopy with decompression on 5/21/12. Report of 7/10/12 from the provider noted patient with chronic bilateral C5-7 cervical radiculopathies awaiting surgical consultation. Exam of the upper extremity motor and sensory exams is grossly intact with decreased cervical extension. The patient remained temporarily totally disabled. Exam of 8/27/12 noted 4/5 motor strength in triceps and wrist flexors on right otherwise 5/5 motor throughout with intact sensation bilaterally. An exam on 5/9/13 noted patient status post C6-C7 cervical discectomy and fusion with x-rays showing stable fusion. An exam showed a well-healed incision; motor testing of upper extremities stable and 5/5 strength bilaterally. A 6/27/13 report noted physical exam of neurologically stable upper extremities. There was report dated 2/14/12 for cervical epidural steroid injections with epidurogram. An MRI of cervical spine dated 12/29/12 noted 2-3 mm disc protrusion at C3-4 and C4-5 with mild to moderate canal stenosis. A comparison MRI of 11/5/13 at these levels noted essentially unchanged with multi-level stenosis; of note was new C6-7 with diskectomy and fusion. Review of cervical epidural steroid injection (CESI) request report noted no documented subjection complaints, clinical findings corroborated by imaging and electrodiagnostics were presented to support for injections. Request(s) for cervical epidural steroid injection at C3-C4 and C4-C5 was non-certified on 12/30/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C3-4 AND C4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: A review of CESI request report noted no documented subjection complaints, clinical findings corroborated by imaging and electrodiagnostics were presented to support for injections. The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. Previous MRI of cervical spine noted solid one-level fusion. The patient also had undergone previous cervical epidural injections without functional benefit. Submitted reports have not adequately demonstrated any significant pain relief or functional improvement from multiple prior injections rendered. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The request for cervical epidural steroid injection at C3-4 and C4-5 is not medically necessary and appropriate.