

Case Number:	CM14-0027439		
Date Assigned:	06/20/2014	Date of Injury:	05/03/2012
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 43-year-old female with a 5/3/12 date of injury. At the time (2/3/14) of request for authorization for cervical ESI at C5-C6, there is documentation of subjective (pain in the right shoulder and neck radiating into both arms and into the hands with numbness, tingling, and weakness) and objective (tenderness to palpation over the cervical paravertebral muscles with spasm, spinous process tenderness noted on C5 and C6, and positive Spurling's maneuver with pain radiating to the upper extremity) findings, imaging findings (MRI of the cervical spine (11/18/13) report revealed small bulge at C5-6 with mild canal narrowing), current diagnoses (cervical pain), and treatment to date (physical therapy, acupuncture, activity modification, and medications). There is no documentation of imaging findings (moderate or greater central canal stenosis) at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL ESI AT C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: The ACOEM Guidelines indicate cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The ODG identifies documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and failure of conservative treatment as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of a diagnosis of cervical pain. In addition, there is documentation of subjective and objective radicular findings in the requested nerve root distribution, and failure of conservative treatment. However, despite documentation of imaging findings, there is no documentation of imaging findings at the requested level. Therefore, based on guidelines and a review of the evidence, the request for cervical ESI at C5-C6 is not medically necessary.