

Case Number:	CM14-0027723		
Date Assigned:	06/25/2014	Date of Injury:	12/26/2003
Decision Date:	08/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 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:

The patient is a 46 year-old female with date of injury 12/26/2003. The medical document associated with an appeal and second request for authorization, a primary treating physician's progress report, dated 06/26/2013, lists subjective complaints as pain and discomfort in her cervical, head, and upper back regions. Objective findings: Unchanged; examination of the cervical spine revealed tenderness to palpation and decreased range of motion. Diagnoses are post cervical laminectomy, back pain syndrome with radiculopathy, musculoskeletal ligamentous injury to the cervical and lumbar spine, insomnia and mood disturbance. An MRI of the cervical spine was performed on 05/08/2013, which showed evidence of the prior discectomy and fusion at C5-6. It was also notable for a mild 2mm postero-lateral disc osepophyte. There was no encroachment or spinal canal stenosis. The patient underwent an anterior cervical fusion in June of 2013. No evidence was found in the documentation provided for review that would indicate the patient has ever previously received an epidural steroid injection of the cervical spine although it is mentioned by the previous utilization review physician that the patient has had 2 prior cervical epidural injections before her surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional steroid injection to the cervical space for radiculopathy X1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The California MTUS states that 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. In a careful review of all the provided medical records, I can find no documentation in either the history or physical of radicular type pain were nerve root dysfunction. Interventional steroid injection to the cervical space for radiculopathy X1 is not medically necessary.