

Case Number:	CM14-0032219		
Date Assigned:	06/20/2014	Date of Injury:	04/26/1999
Decision Date:	07/17/2014	UR Denial Date:	03/09/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 56-year-old male with a April 26, 1999 date of injury. At the time of request for authorization for cervical epidural steroid injection (February 24, 2014), there is documentation of subjective (neck pain radiating down the arm and into the fingers with numbness and tingling) and objective (absent biceps reflex on the right and trace on the left, diminished sensation along the extensor surfaces of the left arm and forearm, and increased left-sided neck pain with extension) findings, imaging findings (reported MRI of the cervical spine (2012) revealed disc herniation from C3-C6; report not available for review), current diagnoses (cervical disc herniation), and treatment to date (cervical epidural steroid injections many years ago with pain relief, medications, acupuncture, physical therapy, and chiropractic therapy, and activity modification). In addition, medical report plan identifies a request for cervical epidural steroid injection and updated MRI of the cervical spine. There is no documentation of the specific level(s) to be addressed and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical epidural steroid injection: Upheld

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

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 Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), 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 disc herniation. In addition, there is documentation of subjective findings (neck pain radiating down the arm and into the fingers with numbness and tingling), objective findings (absent biceps reflex on the right and trace on the left, diminished sensation along the extensor surfaces of the left arm and forearm, and increased left-sided neck pain with extension), and failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of the specific level(s) to be addressed, despite the documentation of subjective and objective radicular findings in the C6 nerve root distribution, there is no (clear) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each what would be the specific level(s) to be addressed. In addition, despite documentation of February 24, 2014 medical report's reported imaging findings (MRI of the cervical spine identifying disc herniations from C3-C6), and a plan for an updated MRI of the cervical spine, there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) in what would be the specific level(s) to be addressed. The request for one cervical epidural steroid injection is not medically necessary or appropriate.