

Case Number:	CM14-0034146		
Date Assigned:	06/20/2014	Date of Injury:	10/25/2012
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 Interventional Spine, 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 35-year-old male with a date of injury of 10/25/2012. The listed diagnoses per [REDACTED] are: head trauma, rule out history of loss of consciousness, and cervical strain/sprain, herniated cervical disk with radiculitis/radiculopathy, positive MRI (magnetic resonance imaging), positive electromyography (EMG). According to progress report 01/08/2014 by [REDACTED], the patient presents with complaints of pain in the neck with radicular symptoms into the arm. The cervical range of motion was decreased in all planes with tightness in the cervical paraspinal musculature. The treating physician requests "cervical spine epidural steroid injection at C3-C4, C4-C5, C5-C6, and C6-C7 for therapeutic and analgesic purposes to reduce pain and increase functional capability." MRI of the cervical spine from 11/13/2013 revealed 1.8mm to 2.6mm disk measurements at levels C3 to C7. A utilization review denied the request for cervical epidural steroid injection on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTIONS (ESIs) C3-4, C4-C5, C5-C6, C6-C7:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46-47.

Decision rationale: This patient presents with continued neck pain with radicular symptoms into the arms. On 01/08/2014, examination revealed a decrease in range of motion and tightness in the cervical paraspinal musculature. The treating physician requests a cervical spine epidural injection at levels C3 C4, C4-C5, C5-C6, and C6-C7 to reduce pain and to increase functional capacity. The MTUS Guidelines has the following regarding epidural steroid injections under chronic pain, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the MRI (magnetic resonance imaging) showed only 1.8-2.6mm disc bulges. The MTUS requires a clear diagnosis of radiculopathy that include dermatomal distribution of pain/paresthesia with corroborating imaging studies. Furthermore, the MTUS does not recommend more than two levels to be injected at a time. The recommendation is for denial.