

Case Number:	CM14-0035314		
Date Assigned:	06/23/2014	Date of Injury:	03/01/2010
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 61-year-old female with a 3/1/10 date of injury, and status post anterior cervical discectomy and fusion (ACDF) on 6/21/12. At the time (3/4/14) of request for authorization for C7-T1 interlaminar epidural steroid injection, there is documentation of subjective (ongoing neck pain and headaches, pain, numbness, and tingling in the bilateral shoulders and arms, radiation of pain into the supraclavicular and upper chest area) and objective (cervical tenderness and pain with range of motion) findings, imaging findings (cervical spine CT (1/31/14) revealed status post C5-6 and C6-7 fusion with anterior plate and screws and intervertebral body spacers, no fracture or displacement of orthopedic hardware seen; C6-7 there is mild right uncinete hypertrophy resulting in mild osseous narrowing of right neural foramen). The current diagnoses are: symptomatic pseudoarthrosis at C6-7 with history of prior anterior fusion from C5 through C7, persistent and worsening bilateral cervical radiculopathy, left more severe than right, and the treatment to date is as follows: activity modification and medications. There is no documentation of subjective and objective radicular findings in the requested nerve root distribution, or 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 the requested level and failure of additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines 2014 Pain, Epidural Steroid Injections (ESIs).

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 California MTUS reference to the ACOEM guidelines identifies that 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 changes in a correlating nerve root distribution, 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 diagnoses of symptomatic pseudoarthrosis at C6-7 with history of prior anterior fusion from C5 through C7, persistent and worsening bilateral cervical radiculopathy (left more severe than right). In addition, there is documentation of failure of conservative treatment (activity modification, medications). However, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution, and imaging findings at the requested level. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on the guidelines and a review of the evidence, the request for C7-T1 interlaminar epidural steroid injection is not medically necessary.