

Case Number:	CM14-0035424		
Date Assigned:	06/23/2014	Date of Injury:	06/06/2010
Decision Date:	08/05/2014	UR Denial Date:	02/19/2014
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 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 60-year-old female with a 6/6/10 date of injury. At the time (2/13/14) of request for authorization for cervical epidural steroid injection, there is documentation of subjective (neck pain radiating down the bilateral upper extremities to the elbow) and objective (tenderness to palpation over the cervical paraspinal muscle, decreased cervical range of motion, and reduced reflexes of the biceps, triceps, and brachioradialis on the right) findings, imaging findings (Reported MRI of the cervical spine (4/20/13) revealed moderate left neural foraminal narrowing, mild right foraminal narrowing, and minimal central canal stenosis; report not available for review), current diagnoses (cervical spondylosis and cervical radiculopathy), and treatment to date (activity modification, medications, and physical modalities). 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:

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 MTUS reference to ACOEM guidelines identifies 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 (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 diagnoses of cervical spondylosis and cervical radiculopathy. In addition, there is documentation of subjective findings (neck pain radiating down the bilateral upper extremities to the elbow), objective findings (tenderness to palpation over the cervical paraspinal muscle, decreased cervical range of motion, and reduced reflexes of the biceps, triceps, and brachioradialis on the right), and failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of the specific level(s) to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in what would be the specific level(s) to be addressed. In addition, despite documentation of 2/13/14 medical report's reported imaging findings (MRI of the cervical spine identifying moderate left neural foraminal narrowing, mild right foraminal narrowing, and minimal central canal stenosis), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection is not medically necessary.