

Case Number:	CM14-0042426		
Date Assigned:	06/30/2014	Date of Injury:	10/20/1998
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 Montana. 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 injured worker sustained a neck injury on 8/20/98. She would subsequently have a C5-6 fusion and would require ongoing treatment for neck, left shoulder and left upper extremity pain. Her diagnoses included cervical degenerative disc disease, cervical spinal stenosis and cervical spondylosis. The cervical MRI on 4/3/14 would demonstrate moderate bilateral neuroforaminal narrowing with mild central stenosis at C4-5 only. At C5-6, C6-7 and C7-T1 there is no evidence for any significant stenosis or neural impingement. Electrodiagnostic study on 5/27/14 did show evidence for bilateral C5-6 radiculopathy only. Radiculopathy was not identified at any other level. The C5-6 findings are thought to possibly relate to her prior C5-6 fusion. The primary treating physician has requested cervical epidural steroid injections, C5 through C8. These would be performed through an interlaminar approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C5-C8: Upheld

Claims Administrator 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 and Upper Back Chapter; AMA Guidelines.

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), Procedure Index, Epidural Steroid Injections (therapeutic).

Decision rationale: The MTUS states in the ACOEM guidelines that cervical epidural steroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compression. The ODG guidelines further state that epidural steroid injections are recommended as an option to treat radicular pain. No more than 1 interlaminar level should be injected at 1 session. The radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In this case we see MRI documentation only for moderate bilateral neuroforaminal narrowing at C4-5 with no indications of neural impingement or severe stenosis at any level. This study does not provide evidence for radiculopathy that would support cervical epidural steroid injection at C5 through C8. An electrodiagnostic study on 5/27/14 did show evidence for a bilateral C5-6 radiculopathy only. The request for injections at multiple levels is not supported in the guidelines. The request for cervical epidural steroid injection, C5 through C8, is not medically necessary.