

Case Number:	CM14-0043996		
Date Assigned:	07/02/2014	Date of Injury:	09/02/2011
Decision Date:	08/26/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, 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 34-year-old female with a date of injury on 9/2/2011. She suffered injury while cleaning an escalator at work, when a metallic handle from a floor buffer fell down from the second floor landing on her head. Subsequently, she complained of dizziness, nausea and headache and she was dazed. She was evaluated by a neurologist; CT scan of the head was negative. She complained of neck pain and occipital headache as well as numbness and tingling in the right arm. MRI cervical spine showed 4 mm disc protrusion at C2-3 and 2 mm disc protrusion at C5-6. Subsequently she was seen by a pain management specialist. On 1/18/2014, several treatment modalities were recommended. These included continuing acupuncture, chiropractic care and bilateral C2-3 epidural injection. She had already undergone trigger point injections and occipital nerve block with 70% improvement. Examination showed some sensory deficit in the arms and decreased triceps reflex. She carries a diagnosis of occipital neuralgia, cervical disc displacement, scalp contusion and concussion. The patient has been on several medications including Nucynta, Topamax, Buspar and Trazodone. She underwent first C2-3 epidural injection on 2/21/2014. Subsequently with the pain management physician on 2/27/2014 revealed about 60% improvement in headache with treatment. Therefore he suggested second epidural injection at the C2-3 level. Medical reviewer on 3/7/2014 did not certify the need for second epidural injection based on appropriate evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection Bilateral C2-C3 Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition Page 80/611 9792.24.2 Page(s): 80.

Decision rationale: Cervical epidural injections do not provide long-term pain relief. Procedure is associated with increased risk of vascular and spinal cord injury. Transforaminal epidural injections in the cervical area are generally not performed due to the elevated risk. According to the American Academy of neurology, cervical epidural injections have no real value in managing cervical radiculopathy (2007). Most Trans-laminar injections are performed at the C6-7 or C7-T1 levels. This patient has small disc protrusion at C2-3 and C5-6. C2-3 disc protrusion does not cause radiculopathy in the upper extremities. In order to justify epidural injection, radiculopathy has to be documented which is not possible in this case. She has upper extremity numbness and tingling with decreased triceps reflex which does not fit with the MRI findings. She had about 70% improvement with other treatment modalities including acupuncture, medication and occipital nerve block. Therefore second epidural injection at the C2-3 level is not medically necessary.