MAXIMUS Federal Services

Case Number:	CM14-0047007		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2013
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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, 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:

The injured worker is as 45-year-old female who reported an injury from continuous trauma on 02/08/2013. On 07/02/2014, she complained of neck pain and exhibited decreased range of motion and tenderness to the cervical spine. Her diagnosis was cervical spine sprain. On 06/11/2014, it was noted that she had mild improvement with nortriptyline and an unknown NSAID. She received 12 sessions of physical therapy to the cervical spine between 07/24/2013 and 09/26/2013. No results were documented. On 02/26/2014, it was documented that she had received 6 treatments of electro acupuncture, massage, heat, and therapeutic exercises to the right upper extremity and cervical spine, but no results were documented. On 03/07/2014, cervical x-ray showed multilevel degenerative changes with no major instability. The cervical MRI revealed C5-6 cervical disc protrusion with right upper extremity radiculopathy. The rationale stated that this worker had already attempted conservative treatment with physical therapy and acupuncture, which somewhat relieved her symptoms. The recommendation was for cervical epidural aimed at C7 and pushed proximally to cover the C5-6 level to see if it provided any relief or decreased her amount of pain and the need for pain medications while increasing her range of motion. It was further stated that this will serve diagnostically, as well as therapeutically. The Request for Authorization dated 03/14/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural steroid injection at cervical 7 and pushed proximally to cover C5-6 level to severe diagnostically and therapeutically: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection at cervical 7 and pushed proximally to cover C5-6 levels to severe diagnostically and therapeutically is non-certified. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain due to lack of evidence of radiculopathy on physical exam. The injection should be performed using fluoroscopy for guidance. The request did not specify on which side of the neck the injection was to be administered, nor did it ask for fluoroscopy for guidance. Additionally, cervical epidural steroid injections are not supported by the guidelines. Therefore, this request for cervical epidural steroid injection at cervical 7 and pushed proximally to cover C5-6 levels to severe diagnostically and therapeutically is not medically necessary.