

Case Number:	CM14-0069016		
Date Assigned:	07/14/2014	Date of Injury:	10/05/2012
Decision Date:	12/31/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 55-year-old female with a 10/5/12 date of injury. At the time (1/14/14) of request for authorization for Interlaminar C7-T1 Epidural Steroid Injection by pain management, there is documentation of subjective (moderate neck pain radiating to both parascapular region) and objective (decreased cervical range of motion, no focal neurologic deficit from C4-T1 to motor and sensory evaluation, and diminished sensation in the right thumb) findings, imaging findings (reported MRI of the cervical spine (undated) revealed multilevel cervical degenerative disc disease with focal disc protrusions at C3-4, C4-5, and C5-6 with cervical stenosis; report not available for review), current diagnoses (cervical degenerative disc disease, cervical radiculopathy, and cervical focal stenosis), and treatment to date (medications and physical therapy). There is no documentation that the patient otherwise would undergo open surgical procedures for nerve root compromise; subjective and objective radicular findings in the requested nerve root distribution (C8 and T1); and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar C7-T1 Epidural Steroid Injection by Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: 1) 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. 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, no more than two nerve root levels to be injected in one session, 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 degenerative disc disease, cervical radiculopathy, and cervical focal stenosis. In addition, there is documentation that no more than two nerve root levels to be injected in one session. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of glaring contraindications to surgery should an ESI fail to provide durable results, there is no documentation that the patient otherwise would undergo open surgical procedures for nerve root compromise. In addition, despite documentation of subjective (neck pain radiating to both parascapular region (C7)) and objective (diminished sensation in the right thumb (C6)), there is no documentation of subjective and objective radicular findings in each the requested nerve root distributions (C8 and T1). Furthermore, despite documentation of a medical reports' reported imaging findings (MRI of the cervical spine identifying multilevel cervical degenerative disc disease with focal disc protrusions at C3-4, C4-5, and C5-6 with cervical stenosis), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Interlaminar C7-T1 Epidural Steroid Injection by Pain Management is not medically necessary.