

Case Number:	CM14-0071535		
Date Assigned:	07/16/2014	Date of Injury:	07/18/2011
Decision Date:	09/12/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/16/2014

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 Emergency Medicine and is licensed to practice in New York. 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 male who was injured on July 18, 2011. The patient continued to experience pain in his neck. Physical examination was notable for decreases range of motion of his cervical spine, mildly decreased motor strength of the left upper extremity, and decreased sensation to the C4, C5, and C6 dermatomes. Diagnoses included chronic neuropathic pain, degenerative joint disease cervical spine, post laminectomy syndrome cervical spine, and cervical radiculopathy. Treatment included acupuncture, medications, surgery, and epidural steroid injection. Request for authorization for translaminar epidural steroid injections at C4-5 and C7-T1 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar epidural steroid injection with catheter at C4-C5 and C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection (ESI) 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. No more than one interlaminar level should be injected at a time. In this case, the request is for cervical epidural steroid injection with translaminar injections at two levels. The request for injections at two levels does not meet criteria for epidural steroid injections. Therefore, the request is not medically necessary.