

Case Number:	CM14-0074243		
Date Assigned:	07/16/2014	Date of Injury:	04/20/2006
Decision Date:	09/22/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 58-year-old female with a 4/20/06 date of injury. At the time (4/15/14) of request for authorization for cervical epidural injection under fluoroscopy and anesthesia C5-C6, there is documentation of subjective (not specified) and objective (tenderness over the paravertebral muscles and right trapezius, increased pain with cervical motion, positive Spurling's on the right, peri-scapular tenderness, 4/5 rotator cuff weakness, right elbow tenderness, right and left wrist tenderness, and decreased sensation in the median nerve (C6) distribution) findings, imaging findings (MRI cervical spine (10/15/13) report revealed bulging annulus at C5-C6 and minor hypertrophic change of uncovertebral joints without central or foraminal stenosis), current diagnoses (right side cervical radicular syndrome, disc bulging at C5-C6, right rotator cuff tendinitis and impingement syndrome with rotator cuff tear, right medial epicondylitis, and bilateral carpal tunnel syndrome), and treatment to date (physical therapy, home exercise, and medications). There is no documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution and 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 the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection Under Fluoroscopy and Anesthesia C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 04/10/2014) - Injection with anesthetics and/or steroids.

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: 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, 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 right side cervical radicular syndrome, disc bulging at C5-C6, right rotator cuff tendinitis and impingement syndrome with rotator cuff tear, right medial epicondylitis, and bilateral carpal tunnel syndrome. In addition, there is documentation of objective (sensory changes) radicular findings in the requested nerve root distribution and failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of imaging findings (MRI cervical spine identifying bulging annulus at C5-C6 and minor hypertrophic change of uncovertebral joints without central or foraminal stenosis), there is no documentation of 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 the requested level. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural injection under fluoroscopy and anesthesia C5-C6 is not medically necessary.