

Case Number:	CM14-0080191		
Date Assigned:	07/18/2014	Date of Injury:	03/20/2007
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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:

According to the records made available for review, this is a 47-year-old male with a 3/20/07 date of injury. At the time (5/7/14) of request for authorization for One (1) Right Cervical 7 - Thoracic 1 Interlaminar Injection under Fluoroscopic Guidance, there is documentation of subjective (ongoing neck pain with paresthesia radiating into the fingertips of the right hand, especially the 3rd-5th digits, with difficulty grasping due to numbness and tingling) and objective (decreased cervical range of motion, decreased strength of the right elbow extensors, normal sensation, normal strength of the finger extensors and hand intrinsic muscles, negative Spurling's maneuver, and absent biceps (C5), triceps (C7) and brachioradialis (C6) reflexes bilaterally) findings, imaging findings (MRI of the cervical spine (3/10/14) report revealed right foraminal disc protrusion at C4-5 encroaching upon the exiting nerve root with moderate narrowing of the right neural foramina; moderate right foraminal narrowing at C5-6; and severe right and moderate left foraminal narrowing at C6-7), current diagnoses (multilevel cervical degenerative changes with foraminal narrowing at C4-5, C5-6 and C6-C7, and cervical radiculopathy), and treatment to date (medications, activity modification, and physical modalities). There is no documentation of objective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Right Cervical 7 - Thoracic 1 Interlaminar Injection under Fluoroscopic Guidance:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 multilevel cervical degenerative changes with foraminal narrowing at C4-5, C5-6 and C6-C7, and cervical radiculopathy. In addition, there is documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of objective findings (decreased cervical range of motion, decreased strength of the right elbow extensors, normal sensation, normal strength of the finger extensors and hand intrinsic muscles, negative Spurling's maneuver, and absent biceps (C5), triceps (C7) and brachioradialis (C6) reflexes bilaterally), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, despite documentation of imaging findings (MRI of the cervical spine identifying right foraminal disc protrusion at C4-5 encroaching upon the exiting nerve root with moderate narrowing of the right neural foramina; moderate right foraminal narrowing at C5-6; and severe right and moderate left foraminal narrowing at C6-7), there is no documentation of imaging 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 One (1) Right Cervical 7 - Thoracic 1 Interlaminar Injection under Fluoroscopic Guidance is not medically necessary.