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| Case Number: | CM13-0044256 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 02/07/2009 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 63 year old man who sustained a work-related injury on September 7 2009. Subsequently, the patient developed a chronic neck and upper extremities pain. The patient understands right carpal tunnel syndrome release on January 15, 2010 and posterior cervical discectomy on 2010. According to a progress report dated on September 18, 2013, the patient was complaining of neck and right arm pain with a severity rated the 9/10. The patient physical examination demonstrated decreased sensation in the territory of the right C5-C6 dermatome a and positive Spurling's test. MRI of cervical spine performed on December 7, 2000 demonstrated severe central canal stenosis at C5-C6. The patient was diagnosed with chronic neck pain. The provider requested authorization for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (CESI) at the C5-C6 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient recently received cervical epidural injection without documentation of the results of this injection. In his recent request, the provider did not document any recent signs of radiculopathy at C5-6 levels of the requested cervical injections. The provider documentation is not recent and dated from 2009 to 2013. Therefore, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without recent documentation of radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection (CESI) at the C5-C6 level is not medically necessary.