

Case Number:	CM13-0051698		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2008
Decision Date:	04/02/2015	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 38 year old male, who sustained an industrial injury on 10/18/08. He has reported back, left elbow and left hip injuries after a fall 10 feet off a trailer. The diagnoses have included chronic pain due to trauma. Treatment to date has included medications, diagnostics, and surgery. Surgery included left hip arthroscopy 2/6/09 and second surgery lateral tear of left hip repair on 2/4/10. Currently, the injured worker complains of chronic back pain. The current medications were Ibuprofen, Hydrocodone, and Tramadol. He states that the current medications are effective for pain relief. There were no recent diagnostic studies noted. Physical exam revealed that the cervical, thoracic and thoracolumbar spine were without tenderness. He reported upper and mid back pain. The request was for cervical epidural steroid injection C5-6 and C6-7 with selective nerve root block. On 11/8/13 Utilization Review non-certified a request for Cervical epidural steroid injection C5-6 and C6-7 with selective nerve root block, noting the guideline criteria was not met and there were no documented objective findings to support a cervical radiculopathy. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-6 and C6-7 with selective nerve root block: 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): 173, 309.

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 file does not document that the patient is candidate for surgery. In addition, there is no clinical, radiological and neurophysiological evidence documentation of radiculopathy at the levels of requested injections. MTUS guidelines do not recommend epidural injections for neck without radiculopathy. Therefore, the request for Cervical epidural steroid injection C5-6 and C6-7 with selective nerve root block is not medically necessary.