

Case Number:	CM14-0104812		
Date Assigned:	07/30/2014	Date of Injury:	10/05/2009
Decision Date:	03/31/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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 53-year-old female, with a reported date of injury of 10/05/2009. The diagnoses include spinal stenosis at C5-6, neck pain, and cervical intervertebral disc degeneration with myelopathy. Treatments have included an MRI of the cervical spine in 11/2013, physical therapy, an electromyography (EMG) of the bilateral upper extremities, physical therapy, Neurontin and Lyrica with failed results, Norco, and cyclobenzaprine. The progress report dated 06/02/2014 indicates that the injured worker had neck pain, with radiation to the bilateral upper extremities. She rated her pain 10 out of 10 without medications and 8 out of 10 with medications. Her pain on the day of the visit was 9 out of 10. An examination of the cervical spine showed tenderness to palpation of the paraspinals, forward flexion at 90 degrees, hyperextension at 65 degrees, right lateral rotation at 80 degrees, and left lateral rotation at 80 degrees. The treating physician requested cervical epidural steroid injection at C5-C6 because the injured worker complained of worsening neck and arm pain, objective findings of radiculopathy, and failed conservative measures. On 06/23/2014, Utilization Review (UR) denied the request for cervical epidural steroid injection at C5-C6, noting that the intended laterally of the injection site was not stated, and there was no evidence of radiculopathy at the C5-6 level to justify the request. The MTUS Chronic Pain 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-C6: 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 file does not document that the patient is candidate for surgery. In addition, there is no clear documentation of functional improvement with previous cervical epidural injection. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for Cervical Epidural Steroid Injection C5-C6 is not medically necessary.