

Case Number:	CM14-0145953		
Date Assigned:	09/12/2014	Date of Injury:	10/13/2010
Decision Date:	01/22/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 52 year old man who sustained a work-related injury on October 13 2010. Subsequently, the patient developed a chronic neck pain. According to a progress report dated on July 22 2014, the patient was complaining of neck and upper extremities pain. The patient physical examination demonstrated diffuse neck pain, numbness and tingling in both upper extremities. Magnetic resonance imaging (MRI) of C spine showed degenerative disc disease. The patient was diagnosed with cervical disc displacement. The provider requested authorization for cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural injection at C5-6 and C6-7: 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 California 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 documentation of failure of previous conservative therapies. There is no documentation of radiculopathy at the levels of requested injections. California MTUS guidelines does not recommend epidural injections for neck pain without documentation of radiculopathy. Therefore, the request for Interlaminar Epidural Injection at C5-6 and C6-7 is not medically necessary.