

Case Number:	CM14-0173029		
Date Assigned:	10/23/2014	Date of Injury:	10/01/2007
Decision Date:	04/06/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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:

This 54 year old man sustained an industrial injury on 10/1/2007. The mechanism of injury was not detailed. Current diagnoses include failed lumbar spine surgery, 12 compression fractures, failed cervical spine surgery syndrome, cervical radiculopathy, cervical facet arthritis, cervical degenerative disc disease, T11-T12 fusion, thoracic radiculopathy, thoracic facet arthritis, thoracic degenerative disc disease, lumbar radiculopathy, lumbar facet osteoarthritis, lumbar degenerative disc disease, and status post extensive dental surgery. Treatment has included oral medications, surgical intervention, and epidural injections. Physician notes dated 9/3/2014 show chronic neck and low back pain. Recommendations include continued use of heat, ice, rest, stretching, and exercises that can be tolerated, continue medications, pain pump trial, cervical epidural injections, and follow up in one month. On 9/23/2014, Utilization Review evaluated a prescription for cervical epidural steroid injection to the right C4-C5 and C5-C6, that was submitted on 10/20/2014. The UR physician noted that the worker has previously underwent a fusion to C5-C6 and as such, there is no epidural space available to inject. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (epidural steroid injection) Right C4-C5, C5-C6 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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. The patient file does not document that the patient is candidate for surgery. Furthermore, the patient does not have recent clinical evidence or EMG findings of radiculopathy. There is no documentation of radiculopathy at the C4-5, C5-6 levels. In addition, the patient underwent a fusion to C5-C6. Therefore, the request for Cervical ESI (epidural steroid injection) Right C4-C5, C5-C6 x2 is not medically necessary.