

Case Number:	CM14-0188622		
Date Assigned:	11/19/2014	Date of Injury:	04/14/2001
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 injured worker is a 66-year-old woman who sustained a work-related injury on April 14, 2001. Subsequently, she developed chronic neck pain. The injured worker had a cervical epidural injection done in 2009. Magnetic resonance imaging (MRI) of the cervical spine, dated September 10, 2014, showed disc bulge at C5-6 with right foraminal narrowing. There was a broad-based disc bulge at C6-7 with bilateral foraminal narrowing. Grade I anterolisthesis of C4 on C5 and C7 on T1. According to a note dated October 17, 2014, the Electromyography (EMG) performed on October 10, 2014 revealed an acute right C6 radiculopathy with active ongoing 1+4 denervation in all right C6 muscles including evaluation of the cervical paraspinal muscles. According to a progress report dated September 16, 2014, the injured worker has been experiencing neck pain that radiates into the right shoulder and arm. She was also experiencing low back pain that radiates into both of her legs. Examination of the neck and upper extremities revealed a range of motion full in flexion and 75% in all other planes. Upper extremity strength was 5/5 bilaterally. Sensation was diminished to pinprick over the medial and lateral aspects of the left forearm and the medial aspect of the left hand. Biceps, triceps, and brachioradialis reflexes were +2 and equal bilaterally. There was tenderness over the right trapezial muscle to palpation. Examination of the back and lower extremities revealed range of motion was approximately 50% in all planes. The injured worker was able to stand on her toes and heels without difficulty. Lower extremity strength was 5/5 bilaterally except in the EHL's, which were +4/5. Sensation was diminished to pinprick generally throughout the entire right lower extremity. Straight leg raise was mildly positive bilaterally seated at 90 degrees. There was tenderness in the lumbar midline from L3 to the sacrum and over the bilateral buttocks to palpation. The injured worker was diagnosed with chronic cervical strain, chronic lumbosacral strain, status post lumbar fusion from L3 to the sacrum, chronic pain syndrome, disc bulge at C5-6 with right

foraminal narrowing broad-based disc bulge at C6-7 with bilateral foraminal narrowing, and grade I anterolisthesis of C4 on C5 and C7 on T1. The provider requested authorization for Cervical Epidural Steroid Injection at level C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at Level C5-C6: Upheld

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

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 injured worker file does not document that the injured worker is candidate for surgery. In addition, there is no documentation of functional and pain improvement with previous epidural steroid injection. MTUS guidelines do not recommend repeat epidural injections for neck pain without documentation of previous efficacy. There is no documentation of radiculopathy at C5-6, the requested level of injection. Therefore, the request for Cervical Epidural Steroid Injection at level C5-C6 is not medically necessary.