

Case Number:	CM14-0188664		
Date Assigned:	11/19/2014	Date of Injury:	12/16/2012
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
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 patient is a 48-year-old woman who sustained a work-related injury on December 16, 2012. Subsequently, she developed chronic neck and bilateral upper extremities pain. Prior treatments included pain medications, epidural injections (these did not provide substantial relief), cervical procedure on September 26, 2013, and physical therapy. According to a progress report dated September 12, 2014, the patient complained of neck pain with pain radiating down to her left arm. Objective findings included: tenderness to palpation to the cervical spine with muscle spasm noted. Range of motion revealed flexion of 30 degrees, extension was 20 degrees, left rotation and right rotation was 30 degrees. There was positive cervical compression and positive shoulder depression test. The patient was diagnosed with status post ACDF C5-6 and C6-7 for herniated cervical disc with radiculopathy, status post epidural steroid injection x3. Positive MRI findings for disc bulges with annular tear per MRI dated August 13, 2014. Left shoulder sprain/strain with supraspinatus tendinosis and subscapularis bursitis per MRI dated March 21, 2014. Right shoulder sprain/strain. Left elbow sprain/strain. Left hand sprain/strain. Right hand sprain/strain. The provider requested authorization for Cervical Epidural Steroid Injection at level C3-C4 and C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections at C3-C4 and C4-C5: 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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no documentation of functional and pain improvement with previous epidural steroid injection. There is no documentation of radiculopathy at the levels of requested injections. MTUS guidelines do not recommend repeat epidural injections for neck pain without documentation of previous efficacy. Therefore, the request cervical epidural steroid injection at level C3-C4 and C4-C5 is not medically necessary.