

Case Number:	CM14-0188961		
Date Assigned:	11/19/2014	Date of Injury:	06/15/2011
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
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 64-year-old woman who sustained a work-related injury on June 15, 2011. Subsequently, the patient developed a chronic neck pain. According to a progress report dated on October 6, 2014, the patient was complaining of continuous neck pain and stiffness, shoulder tenderness with reduced range of motion. The patient physical examination demonstrated cervical tenderness with reduced range of motion. The patient was diagnosed with cervical radiculopathy and disc herniation, status post right shoulder arthroscopy and lumbar spine spondylosis. 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 Cervical Epidural Steroid Injection Under Fluoroscopic Guidance C6-7:
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 California Medical Treatment Utilization Schedule (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, the patient does not have clinical evidence or electromyography (EMG) findings of radiculopathy. There is no documentation of radiculopathy at the C6-7, the requested level of radiculopathy. Therefore, the request for interlaminar cervical epidural steroid injection under fluoroscopic guidance C6-7 is not medically necessary.