

Case Number:	CM14-0193733		
Date Assigned:	12/01/2014	Date of Injury:	03/05/2014
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine, and is licensed to practice in California. 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 an injured worker with neck complaints. Date of injury was 03/05/2014. MRI magnetic resonance imaging of cervical spine dated 7/07/14 demonstrated minimal disk desiccation C2-3 and C3-4 levels. Disk space heights are preserved. Alignment is maintained. There is no disk herniation or spinal stenosis. The paraspinal soft tissues are unremarkable. Minimal degenerative disk desiccation C3-4 and C4-5 levels were noted. The progress report dated October 30, 2014 documented subjective complaints of neck and parascapular pain. He has pain in his left arm. He has trapezius pain bilaterally. He has made some benefit and improvement in function and strength with physical therapy and he has had some improvement with acupuncture. He denies any history of systemic illness or any major hospitalization. He states that he is currently being treated with Subutex. He reports an addiction to Norco and is currently being treated by an addiction specialist. He denies smoking cigarettes or cigars. He denies alcohol use. No known allergy was noted. Objective findings were documented. The patient has bilateral trapezius spasming. He has tenderness around his parascapular region bilaterally. This extends down to his upper thoracic region. The patient has no decreased sensation in the upper extremities he has intact sensation to light touch and pinprick. He has no motor deficits in the upper extremity. Diagnoses were pain in joint hand, sprains and strains of neck, sprain strain thoracic region, and sprain strain lumbar region. Treatment plan was documented. Cervical Epidural Steroid Injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, Cervical Epidurogram; Insertion of Cervical Catheter; Fluoroscopic Guidance and IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses Epidural Steroid Injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8, Neck and Upper Back Complaints states that 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. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that Epidural Steroid Injection (ESI) is an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of Epidural Steroid Injection to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural Steroid Injection require that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. MRI magnetic resonance imaging of cervical spine dated 7/07/14 demonstrated minimal disk desiccation C2-3 and C3-4 levels. Disk space heights are preserved. Alignment is maintained. There is no disk herniation or spinal stenosis. The paraspinal soft tissues are unremarkable. Minimal degenerative disk desiccation C3-4 and C4-5 levels were noted. The progress report dated October 30, 2014 documented that the patient has no decreased sensation in the upper extremities. He has intact sensation to light touch and pinprick. He has no motor deficits in the upper extremity. The 10/30/14 physical examination did not demonstrate radiculopathy. Per MTUS, the criteria for the use of Epidural Steroid Injection require that radiculopathy must be documented by physical examination and corroborated by imaging studies. In addition, the request does not specify the cervical level of the epidural steroid injection. The medical records and MTUS guidelines do not support the request for cervical epidural steroid injection. Therefore, the request for Cervical Epidural Steroid Injection, Cervical Epidurogram; Insertion of Cervical Catheter; Fluoroscopic Guidance and IV Sedation is not medically necessary.