MAXIMUS Federal Services

Case Number:	CM14-0195311		
Date Assigned:	12/03/2014	Date of Injury:	05/03/2009
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 62-year-old man who sustained a work-related injury on May 3, 2009. Subsequently, the patient developed with chronic low back and neck pain. MRI of the cervical spine dated June 21, 2014 showed L4-5 disc herniation, bilateral neural foraminal narrowing effecting the L4 exiting nerve roots, C7-T1 disc protrusion and bilateral neural foraminal stenosis affecting the C8 nerve roots. According to a progress report dated October 8, 2014, the patient complained of pain in his head with radiation to both arms and pain in his low back with radiation to both legs. His pain was associated with numbness and tingling in his hands and his feet. He also reported weakness in his hands. He rated his pain level at 9/10. Examination of the cervical spine revealed range of motion was full in all planes. There was tenderness to palpation over the bilateral superior trapezius and cervical paraspinal musculature. There was no spinous process tenderness or masses palpable along the cervical spine. Examination of the right wrist revealed positive Tinel's sign and positive Phalen's sign. There was normal bulk and tone in all major muscle groups of the upper and lower extremities. Motor strength was 4/5 and symmetric throughout the bilateral upper and lower extremities. There was diminished sensation in the left C7 and T1 dermatomes of the upper extremities. Reflexes were symmetric at 1+/4 in the bilateral upper extremities. The patient was diagnosed with displacement of cervical intervertebral disc without myelopathy. According to a note dated October 16, 2014, the cervical epidural steroid injection at C7-T1 was not certified based on the fact that there was no documentation of significant functional benefit following the administration of the previous ESI. The provider requested authorization cervical epidural steroid injection at C7-T1.

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 C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

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 recently received cervical epidural injection without documentation of the results of this injection. In his recent request, the provider did not document any signs of radiculopathy. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection at C7-T1 is not medically necessary.