

Case Number:	CM14-0198544		
Date Assigned:	12/08/2014	Date of Injury:	02/13/2012
Decision Date:	01/21/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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 51-year-old man who sustained a work-related injury on February 13, 2012. Subsequently, the patient developed neck and low back pain. The patient underwent a C5-C7 anterior cervical discectomy and fusion with cage and instrumentation. Prior treatments also included: physical therapy, medications, TENS therapy trial, H-wave, cervical ESI on April, July and September of 2013, and medial branch block at L4, L5, and S1 bilaterally on January of 2014. MRI of the cervical spine dated May 5, 2012 showed C5-6 and C6-7 disc degeneration, C6-7 narrowing around the spinal cord with spinal cord compression but no signal change in spinal cord, and moderately severe foraminal narrowing C6-7, and mild to moderate at C5-6. According to the progress report dated December 23, 2013, the patient complained of daily and constant left sided neck pain that increases with looking up or extending the neck. There was radiating pain down the left arm with numbness in the palm, thumb, index finger, and little finger. He had headaches and stiffness with restricted range of motion with rotating to the left and right sides. The patient rated the level of pain at 5/10. Examination of the cervical spine and upper extremities revealed no evidence of tenderness or spasms of the paracervical muscles or spinous processes. There was no tenderness over the base of the neck. There was no tenderness over the base of the skull. There was no tenderness over the trapezius musculature bilaterally. There was no tenderness over the interscapular space. There was no tenderness over the anterior cervical musculature. There was decreased sensation over the left C6, C7, and C8 dermatome distributions. Positive Tinel's at the cubital tunnel on the left, but no subluxing ulnar nerve. There was positive spurling's. The patient was diagnosed with left cubital tunnel syndrome, C5-6 and C6-7 disc degeneration, C5-6 and C6-7 stenosis, left cervical radiculopathy with sensory loss, and L4-5 extruded disc herniation. The provider requested authorization for Cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

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

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, the patient does not have clinical evidence of radiculopathy and there is no documentation of functional and pain improvement with previous epidural steroid injection. MTUS guidelines does not recommend repeat epidural injections for neck pain without documentation of previous efficacy. Therefore, the request for cervical epidural steroid injection is not medically necessary.