MAXIMUS Federal Services

Case Number:	CM14-0200920		
Date Assigned:	12/11/2014	Date of Injury:	05/29/2012
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker was a 51 year old male, who was injured on the job May 29, 2012. According to the progress note of October 22, 2014, the injured worker presented with neck, bilateral upper extremity symptoms, mid back, low back and lower extremity symptoms which he currently rated a 8-9/10; 0 being no pain 10 being the worse pain. The injured worker also complains of constant headaches. The injured worker was extremely concerned about right arm atrophy with increased weakness and numbness in his right hand. On July 24, 2014, the injured worker received a steroid injection to C5-C6, C6-C7, C7-T1 with neck pain relief for about 3 days. On August 18, 2014 an electrodiagnostic study was completed which showed radiculopathy of C5-C6, severe right ulnar neuropathy at the elbow and reveals evidence of left ulnar neuropathy at the elbow and right mild carpal tunnel syndrome. Ct scan April 17, 2014 of the cervical spine showed extensive postoperative changes with sever degenerative disc disease with anterolisthesis C2-3, retrolisthesis C3-4 through C6-7 with extensive postoperative changes C3 through C6, canal stenosis C6-7 mild canal stenosis with neural narrowing includes C2-C3 moderate left, C3-C4 severe right with moderate to severe left, C4-C5 severe right, C5-C6 C6-C7 severe right and left foraminal narrowing. The MRI, on May 17, 2014, of the cervical spine showed the same with articular disease in the upper cervical spine. The injured worker had a lump on left shoulder blade that he felt was causing some of the pain on his left side. The injured worker continued on gabapentin, diclofenac sodium, omeprazole, voltaren ER and Norco. The injured worker was suffering from medication side effects, such as upset stomach, constipation, body fatigue and dry mouth. The injured worker unable to return to work, due to employer unable to accommodate work related modifications. On November 13, 2014 the UR denied an iInterlaminar cervical epidural steroid injection right C7-T1, due to the ACOEM chapter on cervical and thoracic disorders; section on epidural steriod 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 right C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of right C5-8 radiculopathy, herniated nucleus pulposus of the cervical spine, multilevel bilateral cervical neural foraminal narrowing moderate to severe in nature, and multilevel cervical degenerative disc disease with facet arthropathy multilevel. In addition, there is documentation of previous cervical epidural steroid injection. However, given documentation that the previous injection provide some relief for 3 days, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for interlaminar cervical epidural steroid injection right C7-T1 is not medically necessary.