

Case Number:	CM14-0202293		
Date Assigned:	12/12/2014	Date of Injury:	06/16/2010
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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 52-year-old man who sustained a work-related injury on June 16, 2010. Subsequently, the patient developed a chronic neck pain. After failing conservative treatment, the patient underwent an anterior-posterior lumbar spinal fusion at L5-S1 on April 21, 2011. He indicated that because of positioning issues on the operating table, he sustained an injury to his neck and left shoulder and subsequently underwent a surgery to his left shoulder in November of 2012. Eventually, the patient underwent a lumbar spinal cord stimulator trial and was able to reduce the amount of narcotic medication he required to control his pain during the trial. A lumbar myelogram done on March 9, 2012 showed solid L5-S1 interbody fusion with right-sided posterior L5-S1 screws; no evidence of nerve root compression. MRI of the cervical spine performed on August 29, 2011 showed C6-7 disc protrusion with mild cord compression. According to a progress report dated October 8, 2014, the patient was status post bilateral sacroiliac joint blocks on September 29, 2014. He stated that the injections had significantly improved his radicular symptoms. In addition to the lower extremities, the patient complained of persistent neck pain that radiates into the shoulders as well as low back pain. He rated his pain level as a 5-10/10 with out medications and 2-5/10 with medications. The patient was diagnosed with postoperative neurogenic bladder, failed back surgery syndrome, postoperative neck pain with MRI evidence of disc bulge and osteophytes at C6-7 and C7-T1, status post left shoulder surgery, status post permanent implantation of lumbar spinal cord stimulator, and depression. The provider requested authorization for C6-7 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Cervical Epidural 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, there is no documentation of radiculopathy at the levels of requested injections. MTUS guidelines do not recommend epidural injections for neck without radiculopathy. Therefore, the request for C6-7 cervical epidural steroid injection is not medically necessary.