

Case Number:	CM15-0108500		
Date Assigned:	06/15/2015	Date of Injury:	03/18/2011
Decision Date:	07/14/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is a 52 year old female, who sustained an industrial injury on 3/18/2011. The mechanism of injury is stated as a cumulative injury. The injured worker was diagnosed as having cervicalgia, cervical spondylosis, ulnar neuropathy and cervical radiculitis. Cervical magnetic resonance imaging showed acute abnormalities. Treatment to date has included physical therapy, chiropractic care, massage therapy, acupuncture and medication management. In a progress note dated 4/15/2015, the injured worker complains of neck and shoulder pain rated 3/10. Physical examination showed thoracic paraspinal muscle spasm with limited neck range of motion due to pain. The treating physician is requesting 2 midline cervical 6-7 epidural steroid injections under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Midline C6-7 epidural steroid injection under fluoroscopic guidance, Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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. In this case, the patient's file does not document that the patient is candidate for surgery. Furthermore, the available medical information does not document corroboration of radiculopathy on MRI. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Midline C6-7 epidural steroid injection under fluoroscopic guidance is not medically necessary.