

Case Number:	CM15-0021682		
Date Assigned:	02/11/2015	Date of Injury:	09/25/2003
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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, Michigan, 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 65-year-old male, with a reported date of injury of 09/25/2003. The diagnoses include cervical pain, cervical disc disorder, cervical herniated nucleus pulposus, and cervical radiculopathy. Treatments have included an MRI of the cervical spine in 09/2013, and medications. The progress report dated 12/31/2014 indicated that the injured worker complained of neck pain and right shoulder pain. He rated his pain 5 out of 10 with medications, and 8 out of 10 without medications. There were no new problems or side effects. The injured worker stated that the medications were working well, and noted that his pain was under good control with the help of the medications. The objective findings included loss of normal cervical lordosis, restricted range of motion of the cervical spine, tenderness and tight muscle band of the bilateral paravertebral muscles, spinous process tenderness on C5 and C6, and tenderness of the paracervical muscles and trapezius. The treating physician requested a cervical epidural steroid injection at C7 for radicular pain and herniated nucleus pulposus. On 01/22/2015, Utilization Review (UR) denied the request for a cervical epidural steroid injection at C7, noting that there was no documented clinical examination findings of radiculopathy, aside from imaging evidence of disc herniation. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Steroid Injection C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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. Therefore, the request for cervical epidural steroid injection at C7 is not medically necessary.