

Case Number:	CM15-0032569		
Date Assigned:	02/26/2015	Date of Injury:	03/31/2010
Decision Date:	04/08/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/20/2015

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, who sustained an industrial injury on 03/31/2010. The diagnoses have included cervical degenerative disc disease at C5-6 and C6-7 with stenosis and right C7 versus C6 radiculitis. Noted treatments to date have included epidural steroid injections, therapy, and medications. Diagnostics to date have included MRI on 02/26/2014 which showed moderate spondylosis and disc disease primarily at C5-6 and C6-7 with associated central stenosis, according to progress note. In the same progress note dated 02/04/2015, the injured worker presented with complaints of right side of neck and shoulder blade pain radiating down the right arm. The treating physician reported the injection helped the injured worker out considerably with most of his pain resolved for several months, but the symptoms have recently recurred. Utilization Review determination on 02/20/2015 non-certified the request for Cervical Epidural Steroid Injection C5-C6 and C6-C7 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C5-C6 and C6-C7 with fluoroscopic guidance: Upheld

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

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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clear documentation of functional improvement with previous cervical epidural injection. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. There is no documentation of objective pain and significant improvement with previous epidural injection. Therefore, the request for Cervical ESI C5-C6 and C6-C7 with fluoroscopic guidance is not medically necessary.