

Case Number:	CM15-0056328		
Date Assigned:	04/01/2015	Date of Injury:	06/20/2000
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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 61 year old female, who sustained an industrial injury on 6/30/2000. Diagnoses have included cervical musculoligamentous injury, cervical radiculopathy, status post cervical fusion and posttraumatic depression. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine and medication. According to the progress report dated 12/10/2014, the injured worker complained of progressive severe limited range of motion to the neck and arms associated with severe muscle spasms. She also complained of frequent moderate to severe headaches with blurry vision. Objective findings revealed weakness in both arms with sensory and motor deficits to C3 through C5. The injured worker was given bilateral trigger point injections in the cervical spine. Authorization was requested for a cervical epidural steroid injection (ESI) C7-T1 with catheter C3-C5 under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at Level C7-T1 with Catheter to C3-C5 under Fluoroscopy Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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. Furthermore, there is no clinical and objective documentation of radiculopathy. MTUS Guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection at Level C7-T1 with Catheter to C3-C5 under Fluoroscopy Guidance is not medically necessary.