

Case Number:	CM14-0121999		
Date Assigned:	09/16/2014	Date of Injury:	10/01/2012
Decision Date:	10/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

According to the records made available for review, this is a 47-year-old male with a 10/1/12 date of injury. At the time (6/5/14) of request for authorization for Pain Management consult for possible cervical epidural steroid injection, there is documentation of subjective (neck pain radiating to the bilateral upper extremities, shoulders and wrists with numbness into the fingers) and objective (decreased cervical range of motion with tenderness and spasm throughout the cervical paraspinal muscles) findings, imaging findings (not specified), current diagnoses (probable history of cervical whiplash with possible cervical spine radiculopathy versus peripheral nerve entrapment and persistent paresthesia of the bilateral upper extremities), and treatment to date (physical modalities, medications, and activity modification). There is no documentation of the specific level(s) to be addressed and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for Possible Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) CHAPTER 7, PAGE# 127, 156 OFFICIAL DISABILITIES GUIDELINES: PAIN CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of probable history of cervical whiplash with possible cervical spine radiculopathy versus peripheral nerve entrapment and persistent paresthesia of the bilateral upper extremities. In addition, there is documentation of subjective (neck pain radiating to the bilateral upper extremities, shoulders and wrists with numbness into the fingers) and objective (decreased cervical range of motion with tenderness and spasm throughout the cervical paraspinal muscles) findings, and failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of the specific level(s) to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in what would be the specific level(s) to be addressed. In addition, there is no documentation of an imaging (MRI, CT, myelography, or CT myelography & x-ray) report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) in what would be the specific level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for Pain Management consult for possible cervical epidural steroid injection is not medically necessary.