

Case Number:	CM14-0183406		
Date Assigned:	11/10/2014	Date of Injury:	05/06/2002
Decision Date:	12/12/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 55-year-old woman who sustained a work-related injury on May 6, 2002. Subsequently, she developed chronic neck pain. MRI of the cervical spine dated March 25, 2014 showed no evidence of acute traumatic injury to the cervical spine. Degenerative changes at C3-4 and C4-5 resulting in mild right foraminal stenosis at C3-4 and mild bilateral foraminal stenosis at C4-5. Previous treatments included cold, medications, TENS, physical therapy, chiropractic therapy, injections, and home exercises. According to a progress report dated October 9, 2014, the patient complained of constant right hand and neck pain. The patient described her pain as shooting, aching, stabbing, sharp, tight, sore, and nagging. The pain is accompanied by weakness, numbness, swelling, and headaches. The patient rated her pain at 8/10. Right stellate ganglion was done in several series with some relief, but not long lasting. The patient had also a spinal stimulator revision on September 2011, August 2012, and January, April and May of 2013. Physical examination revealed tenderness to palpation of the midline cervical spine and paraspinal neck musculature. Range of motion was restricted by pain. DTRs in upper extremity normal and symmetric bilaterally and sensation strength normal. The patient was diagnosed with reflex sympathetic dystrophy upper limb, pain in shoulder joint and chronic migraine. The provider requested authorization for C5-C6 epidural steroid injection with catheter, C6-C7 epidural steroid injection with catheter, and Fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 epidural steroid injection with catheter, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), epidural steroid injection

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 clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for C5-C6 epidural steroid injection with catheter is not medically necessary.

C6-C7 epidural steroid injection with catheter, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), epidural steroid injection

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 clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for C6-C7 epidural steroid injection with catheter is not medically necessary.

Fluoroscopy guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.