

Case Number:	CM14-0097098		
Date Assigned:	07/28/2014	Date of Injury:	07/11/2010
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 75-year-old male with a 7/11/10 date of injury, and right shoulder arthroscopic subacromial decompression with distal claviclectomy on 12/3/10. At the time (4/28/14) of request for authorization for 1 Cervical epidural steroid injection at C7-T1 (unspecified laterality), as an outpatient, there is documentation of subjective (constant severe neck pain radiating to both trapezii and shoulders) and objective (decreased cervical spine range of motion and intact motor and sensory functions of upper extremities) findings. MRI of the cervical spine (11/12/13) report revealed left C6-C7 uncinat hypertrophy mild to moderately narrows the left neural foramen and slight C7-T1 facet hypertrophy without canal or foraminal stenosis. The current diagnoses are cervical spondylosis, severe left C4-C5 neural foraminal stenosis, and mild to moderate left C6-C7 neural foraminal stenosis. The treatment to date includes medications, home exercise program, acupuncture, and chiropractic therapy. There is no documentation of subjective and objective radicular findings in the requested nerve root distribution; and imaging findings in the requested nerve root distribution.

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 at C7-T1 (unspecified laterality), as an outpatient:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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. The Official Disability Guidelines 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 cervical spondylosis, severe left C4-C5 neural foraminal stenosis, and mild to moderate left C6-C7 neural foraminal stenosis. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective (constant severe neck pain radiating to both trapezii and shoulders) and objective (decreased cervical spine range of motion and intact motor and sensory functions of upper extremities) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distributions. In addition, despite documentation of imaging (MRI) findings (slight C7-T1 facet hypertrophy without canal or foraminal stenosis, there is no documentation of imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for 1 Cervical epidural steroid injection at C7-T1 (unspecified laterality), as an outpatient is not medically necessary.