

Case Number:	CM14-0199629		
Date Assigned:	12/10/2014	Date of Injury:	03/31/2014
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 59 year old man who sustained a work-related injury on March 31 2014. Subsequently, the patient developed a chronic neck pain. According to a progress report dated on June 2014, the patient was complaining of ongoing neck pain. The patient physical examination demonstrated left Spurling and reduced sensation in the left C8/T1 dermatoma C spin MRI showed protrusion at the level of C4/5 and C5/6 with cord compression. Her EMG showed left carpal tunnel and left ulnar neuropathy but no radiculopathy. His neurological examination was normal on November 7 2014. The provider requested authorization for cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Epidural Steroid Injection to the Cervical Spine from Left Paramedian approach C7/T1 under fluoroscopy with conscious IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,309.

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 documentation of functional and pain improvement with previous epidural steroid injection. There is no documentation of radiculopathy at the levels of requested injections. MTUS guidelines do not recommend repeat epidural injections for neck pain without documentation of previous efficacy. Therefore, the request for Repeat Epidural Steroid Injection to the Cervical Spine from Left Paramedian approach C7/T1 under fluoroscopy with conscious IV sedation is not medically necessary.