

Case Number:	CM14-0211578		
Date Assigned:	12/24/2014	Date of Injury:	06/01/2007
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California, Illinois
 Certification(s)/Specialty: Anesthesiology

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 59-year-old female with a 6/1/07 date of injury, status post right carpal tunnel release in August 2007, status post right carpal tunnel revision in October 2008, status post right median nerve decompression surgery at the antecubital fossa (undated), status post left carpal tunnel release in May 2009, status post right radial nerve decompression in May 2010, and status post anterior cervical fusion C5-C7 1/19/12. At the time (11/12/14) of request for authorization for 1 Bilateral C⁶/C⁷ Cervical Epidural Injection, there is documentation of subjective (neck pain radiating from neck to include shoulder and trapezius and bilateral shoulder pain) and objective (restricted cervical range of motion, Spurling's test positive, shoulder flexor's 5-/5 bilaterally, and decreased sensation over C7 and C8 dermatomes on left) findings, imaging findings (Reported Cervical Spine MRI (6/10/14) revealed new annular bulge at C4-5 and to the right causing mild central and right foraminal stenosis; good alignment s/p C5-C7 anterior cervical discectomy and fusion with no residual of foraminal stenosis at those levels; report not available for review), current diagnoses (cervical radiculopathy, cervical facet syndrome, and poster cervical laminectomy syndrome), and treatment to date (physical therapy, acupuncture, medications (including Trazadone, Ultracet, and Voltaren gel), TENS, activity modifications, and home exercise program). Medical report identifies a plan for C6-C7 epidural steroid injection. There is no documentation of imaging findings at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral C⁶/C⁷ Cervical Epidural Injection: 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): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: The 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 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, no more than two nerve root levels to be injected in one session, 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 radiculopathy, cervical facet syndrome, and poster cervical laminectomy syndrome. In addition, there is documentation of a plan for C6-C7 epidural steroid injection. Furthermore, there is documentation of patients who otherwise would undergo open surgical procedures for nerve root compromise, subjective (pain) and objective (sensory changes and positive Spurling's) radicular findings in the requested nerve root distribution, no more than two nerve root levels to be injected in one session, and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of the 11/12/14 medical report's reported imaging findings (Cervical Spine MRI identifying good alignment s/p C5-C7 anterior cervical discectomy and fusion with no residual of foraminal stenosis at those level), there is no documentation of an imaging report with imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for 1 Bilateral C⁶/C⁷ Cervical Epidural Injection is not medically necessary.