

Case Number:	CM14-0213075		
Date Assigned:	12/30/2014	Date of Injury:	10/19/2006
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 man who sustained a work-related injury on October 19, 2006. Subsequently, the patient developed chronic neck pain. A CT guided cervical spine Myelogram dated March 17, 2014 showed prior anterior cervical discectomy and fusion at C4-C7 with intact hardware and solid fusion of the C4-C7 vertebral bodies. At C4-C5, a focal midline dorsal disc-osteophyte indents the ventral cord. Mild canal stenosis also at C3-C4, though without appreciable distortion of the cord. . According to a follow-up report dated October 21, 2014, the patient continued to have pain in his neck radiating to the right upper extremity with numbness in the right hand at a 4-6/10 level. He also continued to have pain in his right knee. Examination of the cervical spine revealed cervical fusion scar. Palpation revealed discrete tender trigger points and tightness over his neck and posterior shoulders. Motor was intact. Sensation was decreased in the right hand. The patient was diagnosed with status post cervical fusion, degenerative cervical disc disease, dysphagia secondary to neck surgery, right lateral epicondylitis, low back pain, and right knee pain. The provider requested authorization for cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C4-5; C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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, the patient does not have clinical evidence of radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection at C4-5 and C5-6 is not medically necessary.