

Case Number:	CM14-0214527		
Date Assigned:	01/07/2015	Date of Injury:	12/15/2005
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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 47 year old man who sustained a work-related injury on December 15 2005. Subsequently, the patient developed a chronic neck and shoulder pain for which he was treated with pain medications and injections including epidural injections. According to a progress report dated on December 2 2014, the patient was complaining of ongoing neck pain. The patient physical examination demonstrated cervical tenderness with reduced range of motion. 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:

Cervical transforminal epidural steroid injection under fluoro guidance at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 radiculopathy at the levels of requested injections. MTUS guidelines do not recommend epidural injections for neck without radiculopathy. There is no documentation of the efficacy of previous epidural steroid injections. There is no clinical, radiological and MRI documentation of cervical radiculopathy at the level C5-6. Therefore, the request for Cervical transforaminal epidural steroid injection under fluoro guidance at C5-C6 is not medically necessary.