

Case Number:	CM15-0005072		
Date Assigned:	01/16/2015	Date of Injury:	05/11/2013
Decision Date:	03/30/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/09/2015

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 injured worker is a 45 year old female with an industrial injury dated 05/11/2013 due to cumulative trauma. Her diagnoses include cervical radiculopathy. Recent diagnostic testing has included a MRI of the cervical spine (09/04/2014) showing mild reversal of the cervical lordosis, moderate degenerative disc disease, disc herniation at C5-C6, and degenerative disc bulge without impingement of the nerve root, and MRI of the left shoulder (no date) showing evidence of a superior glenoid labrum lesion tear. She has been treated with medications, and cervical epidural steroid injections (11/11/2014). In a progress note dated 11/18/2014, the treating physician reports a 10% improvement in neck pain with a pain rating of 3/10, and left shoulder pain radiating to the left hand and fingers. The objective examination revealed mild tenderness to palpation and decreased range of motion of the cervical spine. The treating physician is requesting cervical epidural steroid injection at the C5-C6 level times 3 with trigger point injections under fluoroscopic guidance which was denied by the utilization review. On 12/04/2014, Utilization Review non-certified a request for cervical epidural steroid injection at the C5-C6 level times 3 with trigger point injections under fluoroscopic guidance, noting the lack of documented previous attempts to treat symptoms with conservative measures, the absence of evidence of compression on the neurological structures, and insufficient evidence of radiculopathy other than some sensory changes. The MTUS Guidelines were cited. On 01/09/2015, the injured worker submitted an application for IMR for review of cervical epidural steroid injection at the C5-C6 level times 3 with trigger point injections under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at level C5-C6, three times, with trigger point injections under fluoroscopic guidance: 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): 181.

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 clear documentation of functional improvement with previous cervical epidural injection. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for Cervical epidural injection at level C5-C6, three times, with trigger point injections under fluoroscopic guidance is not medically necessary.