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| Case Number: | CM15-0010392 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 12/17/2013 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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 63 year old female, who sustained an industrial injury on 12/17/13. The injured worker has complaints of neck and upper back pain with tingling and numbness in the left hand with some loss of dexterity. The diagnoses have included a chronic strains/sprain of the cervical spine with radiculopathy into the right upper extremity and carpal tunnel syndrome of both wrists and hands confirmed by neurodiagnostic testing. Treatment to date has included physical therapy services, epidural injection of the mid cervical spine and medication. The documentation noted on 2/2/2015 noted that injured worker had greater than 50% relief with the last cervical epidural injection and that is had worked better than any other treatment. She had marked improvement with standing and walking ability and improved fluidity of movement and improved sleep and she has also reduced her medication use more than 50%. According to the utilization review performed on 12/31/14, the requested cervical spine epidural steroid injection C 5-6h has been non-certified. MTUS Epidural Steroid Injections were used in the utilization review and that the American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection C5-6: Upheld

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

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 Fluoroscopically guided diagnostic catheter directed Cervical spine epidural steroid injection C5-6 is not medically necessary.