

Case Number:	CM15-0015407		
Date Assigned:	02/03/2015	Date of Injury:	12/14/2009
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 47 year old female with an industrial injury dated December 14, 2009. The injured worker diagnoses include cervical stenosis, neck pain and right shoulder pain. She has been treated with diagnostic studies, prescribed medications, chiropractic treatment, consultation and periodic follow up visits. In a progress note dated 12/8/2014, her treating physician reports that the injured worker presented for a follow up visit and refill of medication. She was noted to have a history of neck pain and right shoulder pain and a positive MRI for spinal stenosis. Physical exam revealed neck tenderness to palpitation and limited range of motion in the cervical spine and the treating physician is requesting a cervical epidural injection at C5-C6. UR determination on December 30, 2014 denied the request for cervical epidural injections at C5-C6, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injections at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter on Cervical & Thoracic Spine Disorders, Chronic Pain Treatment Guidelines Epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. 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. In this case the patient has weakness and numbness in the C5-6 distribution, but there is no corroboration by imaging or electrodiagnostic studies. In addition epidural steroid injections are not recommended for cervical spine. The request should not be authorized.