

Case Number:	CM15-0112123		
Date Assigned:	06/18/2015	Date of Injury:	11/11/2009
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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, Alabama, 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 54 year old, female who sustained a work related injury on 11/11/09. The diagnoses have included status post cervical spine surgery, cervical spine stenosis and possible solid fusion of lower cervical spine. Treatments have included cervical spine surgery, oral medications, topical pain cream, physical therapy, and acupuncture. In the PR-2 dated 5/6/15, the injured worker complains of constant neck pain. She has radiating pain down both arms to fingers. She rates the pain level an 8/10. She has tenderness in the neck and in muscles of arms. The treatment plan includes a request for authorization for a high-volume cervical spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Volume Cervical Epidural Steroid Injection at C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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. In this case, there is no clinical and objective documentation of radiculopathy at the requested injection levels. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for High Volume Cervical Epidural Steroid Injection at C3-4 and C4-5 is not medically necessary.