

Case Number:	CM15-0114424		
Date Assigned:	06/22/2015	Date of Injury:	04/23/2014
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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:

This 41-year-old male sustained an industrial injury to the neck and left shoulder on 4/23/14. Previous treatment included physical therapy, injections, cervical epidural steroid injection and medications. X-rays of the cervical spine showed C4-6 spondylosis with anterior hypertrophic lipping and indication of degenerative disc disease. Magnetic resonance imaging cervical spine (2/16/15) showed broad based disc osteophyte complexes with neural foraminal stenosis at C3-C7. In a pain medicine reevaluation dated 5/28/15, the injured worker complained of neck pain associated with headaches, rated 8-9/10 on the visual analog scale without medications and 5-6/10 with medications. The injured worker reported less than 5% overall improvement following a recent cervical epidural steroid injection (undated). Physical exam was remarkable for cervical spine with tenderness to palpation, moderately limited range of motion due to pain, decreased strength to the left upper extremity and positive left Spurling's test. The physician noted that the injured worker was in the diagnostic phase of receiving epidural steroid injections. It was hoped that the procedure repeated at a new level or different approach would effectively target the suspected pain generator. The treatment plan included cervical spine epidural steroid injection at left C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5 cervical epidural under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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, 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's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. In fact, according to the medical records, the patient reported less than 5% overall improvement following a recent cervical epidural steroid injection (undated). Furthermore, there are no imaging studies that corroborate the findings of radiculopathy. Guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Left C4-5 cervical epidural under fluoroscopy is not medically necessary.