

Case Number:	CM15-0116885		
Date Assigned:	06/25/2015	Date of Injury:	09/14/2000
Decision Date:	07/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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 69 year old female who sustained a work related injury September 14, 2000. Past history included cervical fusion C4-5 and C5-6. An MRI of the cervical spine, October, 2014 (report present in the medical record), revealed central herniation above and below the fusions at C3-4 and C6-7 with central and lateral narrowing of the canal secondary to stenosis most pronounced at C6-7 and some narrowing at C7-T1. According to a physician's notes, dated June 5, 2015, the injured worker presented for a re-check of her persistent cervical pain. The pain is described as stabbing and burning and radiates to the right arm, left arm, right and left shoulder. The symptoms are aggravated by prolonged standing, sitting, and exertion. Requests have been pending for surgery and she continues with pain despite, medication and icing. Physical examination reveals significant weakness. There is sensory decrease bilaterally C7 left C8-T1 to light touch with 50-60% restriction of cervical range of motion in all directions. There is diffuse spasm in the neck and upper back musculature. Diagnoses are cervical radiculopathy due to degenerative disc disease; cervical spinal stenosis; migraines; cervical post-laminectomy syndrome; arthritis. At issue, is the request for authorization for transforaminal epidural steroid injections bilateral C7 and left C8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injections at bilateral C7 and left C8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (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 received cervical epidural injection without sustained relief and/or significant functional improvement. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Transforaminal epidural steroid injections at bilateral C7 and left C8 is not medically necessary.