MAXIMUS Federal Services

Case Number:	CM13-0004124		
Date Assigned:	12/27/2013	Date of Injury:	01/15/1998
Decision Date:	02/20/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old female with an original date of injury of January 15, 1998. Cervical MRI on 5/2/2013 demonstrated C4-6 fusion with bilateral neuroforaminal stenosis. The requesting healthcare provider has documented that the patient has C3-4 adjacent disc disease with foraminal stenosis at the C3-4 levels. The patient clinically complained of radicular pain and requested a selective nerve block at C4. The disputed issue is the request for selective nerve root block at the C4 level. A utilization review non-certified this request with the following reasoning: "Concerning the requested right C4 selective nerve block the neck pain and headaches and some shooting right upper extremity pain from shoulder to elbows, are noted but there is inadequate compelling reasoning presented to override the MTUS guidelines that are not met. The C4 dermatomal and left sided symptoms are not described and the MRI findings are not adequately corroborated by clinical sign and symptoms. Medical necessity is not established for the requested block."

IMR ISSUES, DECISIONS AND RATIONALES

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

C-4 selective nerve root block: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Heading Page(s): 47.

Decision rationale: With regard to this injured worker, the cervical MRI on 5/2/2013 demonstrated C4-6 fusion with bilateral neuroforaminal stenosis at C3-4. A C4 radiculopathy is difficult to demonstrate on neurologic examination because the standard myotomal tests cover the C5-T1 nerve roots. Similarly, deep tendon reflexes that are 2+ in the biceps, brachioradialis, and triceps cover C5, C6, and C7 nerves mostly. However, the patient clinically complains of radicular pain in the C4 nerve distribution which covers the skin overlying the trapezius and upper shoulder region. From a clinical standpoint, there is reasonable clinical suspicion for a C4 radiculitis and a MRI demonstrates foraminal stenosis at the level of interest. Therefore, this request is recommended for certification.