

Case Number:	CM13-0027351		
Date Assigned:	12/04/2013	Date of Injury:	07/29/2010
Decision Date:	02/05/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 patient is a 53-year-old female who reported injury on 08/03/2009. The mechanism of injury was stated to be a repetitive motion injury. The patient was noted to have an MRI of the cervical spine on 05/20/2013, which revealed the patient had central canal and a neural foramen that were widely patent at C6-7, and at C7-8. There was noted to be no central canal or foraminal compromise. The patient was noted to have a disc that was desiccated at C7-T1 with bilateral dural ectasia redemonstrated. At C6-7, the patient was noted to have a disc that was desiccated with no bulge or protrusion. The patient's physical examination revealed they had limited range of motion and pain elicited motion. The patient was noted to have motor strength of 5/5 in the cervical spine. On the right, the patient was noted to have decreased median nerve distribution and ulnar nerve distribution of C8, decreased sensation of the 4th and 5th digits, ulnar hand, and distal forearm on examination. On the left, the patient was noted to have decreased median nerve distribution and ulnar nerve distribution at C5. The Spurling's test was noted to be positive. The diagnosis was noted to include displacement of cervical intervertebral disc without myelopathy, cervicgia, brachial neuritis or radiculitis NOS, lesion of the ulnar nerve, and nerve root and plexus disorders. The request was made for a transforaminal (SNRB right C8) C7-T11 right side injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C8 selective nerve root block transforaminal C7-T1 right: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines For the use of Epidural Steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicated the patient had a positive Spurling's test; however, it failed to provide the patient had myotomal and dermatomal findings to support the radiculopathy and the MRI failed to support the radiculopathy with findings of nerve root compromise. Additionally, there was a lack of documentation indicating the patient was initially unresponsive to conservative treatment. Given the above and the lack of documentation, the request for right C8 selective nerve root block transforaminal C7-T1 right is not medically necessary.