

Case Number:	CM13-0030545		
Date Assigned:	11/27/2013	Date of Injury:	05/13/2009
Decision Date:	01/16/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surger 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 patient reported an injury on 05/13/2009. The patient is currently diagnosed with thoracic spondylosis. The patient was recently evaluated on 09/27/2013. The patient complained of 8/10 pain with residual spasm. Physical examination only revealed palpable muscle spasm. Treatment recommendations included continuation of current medications and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

left C4-5 selective nerve root block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8, Industrial Relations, Division 1, Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, Subchapter 1, Administrative Director-Administrative Rules, Article 5.5.2 Medical Treatment Utilization Schedule.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts, including continuation of a home exercise program. Radiculopathy must be

documented by physical Final Determination Letter for IMR Case Number [REDACTED] examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient does not demonstrate radiculopathy symptoms on physical examination. Additionally, there is no evidence of a failure to respond to recent conservative treatment, nor an indication that this patient is currently participating in an active rehabilitation program. Furthermore, the patient has undergone bilateral C4-5 and left C4-5 transforaminal epidural steroid injections on 04/04/2013 and 01/17/2013. Satisfactory response to treatment was not indicated. The patient also underwent an electromyography and nerve conduction study on 11/01/2012, which indicated no evidence of cervical radiculopathy. Based on the clinical information received and the California MTUS Guidelines, the request for left C4-5 selective nerve root block is non-certified.