

Case Number:	CM13-0033312		
Date Assigned:	12/11/2013	Date of Injury:	02/24/2006
Decision Date:	04/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Medicine and is licensed to practice in Arizona. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50 year old female with a date of injury on 2/24/2006. Patient has been treated for ongoing symptoms related to her neck. Diagnoses are cervical disc displacement. Subjective complaints are of persistent neck pain with radiation to the left shoulder and periauricular area. Physical exam shows decreased cervical range of motion, positive Spurling's test, decreased sensation in forearm, symmetrical reflexes, and normal strength. Medications include Ultram, Robaxin, Lyrica, Wellbutrin, and Celebrex. Patient has had a prior cervical MRI that revealed disc protrusions at C3-C4 and C4-C5 without foraminal stenosis. Previously the patient had received a right selective nerve root injection in 3/12 which was noted as providing relief, but did not show evidence for duration or percentage of improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal selective Nerve Root Injection Cervical C3-C4 and C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, ESI.

Decision rationale: CA MTUS notes that the purpose of an epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in

more active treatment programs. CA MTUS and the ODG stated criteria recommend evidence of radiculopathy documented by physical exam and corroborated by imaging studies and failure of medications and conservative measures. CA MTUS recommends for therapeutic injections, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. For this patient, subjective complaints state radiation of pain in a C3-C4 distribution, but does not identify any objective abnormalities on physical exam. Furthermore, patient has had previous injections without specific evidence of duration or percentage of functional improvement. Therefore, based on the submitted documentation, the patient does not meet guideline criteria and the medically necessity of selective nerve injection is not certified.