

Case Number:	CM13-0044344		
Date Assigned:	12/27/2013	Date of Injury:	12/04/2000
Decision Date:	04/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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:

This is a 57-year-old female patient with a work related injury on 12/04/2000. The mechanism of injury was not provided. MRI of the cervical spine performed on 06/15/2013 revealed degenerative changes in the cervical spine with progression in the degree of left-sided neural foraminal narrowing at the C6-7 level, and development of mild osteoarthritis of the right facet since a prior MRI completed on 10/19/2007 (findings not provided from MRI, 10/19/2007). There was mild spinal canal stenosis and severe left neural foraminal narrowing at the C6-7, with encroachment on the exiting left C7 nerve root. There was moderate spinal canal stenosis and moderate left neural foraminal narrowing at the C5-6 level with encroachment on the left C6 nerve root. Also, there was moderate spinal canal stenosis at the C3-4 level. The patient reportedly was given injections in the shoulder which temporarily helped on 10/03/2013. The patient was treated for severe right upper extremity pain that extended through upper back and rated pain 9/10. Physical examination showed tenderness over the suboccipitals on both sides and over the cervical extensors and trapezii, right more than left. Deep tendon reflexes were present and somewhat brisk. There was marked sensitivity to palpation down along the right arm and some nodularity appreciated in the soft tissue, the distal deltoid, and along the lateral aspect Final Determination Letter for IMR Case Number [REDACTED] of the arm. There was severe tenderness to palpation over the lateral epicondyle at the elbow and extensor compartment in the right forearm. There was also mild swelling in the right forearm and hand. The patient had a diagnosis of chronic pain syndrome. Spurling maneuver was assessed and range of motion of the cervical spine did not seem to aggravate pain. Treatment plan was for epidural injections at C6-7, C5-6 and sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 OR C6-7 TRANSLAMINAR EPIDURAL INJECTION: Upheld

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

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

Decision rationale: The CA MTUS Guidelines state ESI's are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The request for C5-6 OR C6-7 translaminar epidural injection is non-certified. Good grasp, pinch, finger abduction, wrist extension and flexion, elbow flexion and extension, and shoulder abduction was noted. Sensation remains intact to light touch and pinprick. There was no information submitted for review that indicated past or failed conservative measures. Given that the clinical information submitted for review lacked past and/or failed conservative measures and lacked objective findings of radiculopathy, the request is non-certified.

RIGHT CERVICAL STELLATE GANGLION BLOCK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Block Section Page(s): 103.

Decision rationale: The CA MTUS Guidelines state stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. There is limited evidence to support cervicothoracic sympathetic block, with most studies reported being case studies. Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy. The request for right cervical stellate ganglion block is non-certified. There was no evidence provided that there had been failed conservative treatment including medications and physical therapy. As such, the request is non-certified.