

Case Number:	CM14-0004111		
Date Assigned:	02/03/2014	Date of Injury:	07/30/2004
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The injured worker is a 53 year old female with industrial related injury reported on July 30, 2004. The current diagnosis listed is cervical pain, cervical radiculopathy and cervical disc disorder. A modified approval for a cervical facet block at 2 levels (C2-C3 & C3-C4) was noted. A December, 2013 progress note noted the multiple medications the injured worker was taking, and some of the medications were not certified. There were some complications associated with the use of opioids. The September progress note indicated medial branch block had been completed on both sides and an 80% pain relief is noted. A lumbar spine MRI was obtained noting moderate facet joint degenerative changes. The injured worker was noted to be permanent and stationary. Multiple additional monthly follow-up evaluations are noted. There is no objectification of a cervical disc lesion or a cervical radiculopathy noted. These follow-up evaluations address issues relative to the chronic use of opioid medications. A course of massage therapy was initiated. A physical exam of the cervical spine noted a decrease in cervical spine range of motion, however, there was no specific motor function loss in the bilateral upper extremities and there is a slight decrease sensation in the left C7 level. A prior non-certification indicated there was a cervical radiculopathy dating back to June, 2005; however, there was no objectification of a specific disc lesion on enhanced imaging study.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION (NO LEVEL PROVIDED): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Neck and Upper Back Complaints ACOEM, the criterion for epidural steroid injections requires that there be specific objective radiculopathy objectified on the diagnostic assessment and corroborated on physical examination. There is a slight indication of a slight motor function loss noted on nerve conduction study but the physical examinations reviewed do not correlate with that finding. There is insufficient clinical information presented to support request, therefore the request is not medically necessary.

CERVICAL FACET NERVE BLOCK RIGHT C2-3, C3-4, C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The records reviewed note that there is radiculopathy and other pathologies. As outlined in the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, there might be short lived response, but not noted efficacy. The prior injection noted only short term relief. The December approval of these types of injections is noted, however, the efficacy of this procedure is not reported. As such, there is insufficient clinical data presented to support this request. Therefore the request is not medically necessary.