

Case Number:	CM14-0005513		
Date Assigned:	01/24/2014	Date of Injury:	06/20/2011
Decision Date:	08/04/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 who was reportedly injured on June 20, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated December 19, 2013, indicates that there are ongoing complaints of neck pain radiating to the left shoulder with numbness in the left-hand. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles and the trapezius. There was decreased range of motion of the cervical spine with pain and crepitus. Muscle strength with left wrist extension was rated at 4/5 and there was decreased sensation at the C7 and C8 dermatomes of the left-hand. There was a plan for a selective nerve block of C5 as a diagnostic procedure and a likely future anterior cervical discectomy and fusion at C6 - C7. A request had been made for a left selective nerve block at C5 and was not medically necessary in the pre-authorization process on December 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Selective Nerve Block At C-5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Facet Joint Nerve Block.

Decision rationale: According to the Official Disability Guidelines the criteria for facet joint nerve block includes that the patient with cervical pain has no radicular symptoms. The most recent progress note dated December 19, 2013, states that the injured employee has radicular symptoms and has radicular findings on physical examination. For this reason this request for a left selective nerve block at C5 is not medically necessary.