

Case Number:	CM14-0104833		
Date Assigned:	07/30/2014	Date of Injury:	05/13/2014
Decision Date:	10/06/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 49-year-old male who has submitted a claim for brachial neuritis or radiculitis, neck sprain and cervical intervertebral disc displacement without myelopathy, associated with an industrial injury date of May 13, 2014. Medical records from 2014 were reviewed. The patient complained of neck pain and numbness of the lateral aspect of the right middle finger. There is occasional tingling of the right upper extremity. Physical examination showed tightness to the right trapezius on right Spurling's test; tenderness over the right upper thoracic back rhomboid and right scapular areas; spasm and guarding throughout the upper trapezius, levator scapulae, rotator cuff musculature, pectoralis major and minor; tenderness with palpation of the radial nerve at the triceps and forearm; positive empty can test on the right shoulder; positive radial nerve testing; decreased sensation over the right index finger; 4/5 motor strength of the bilateral upper extremities; and trace reflexes in the right triceps. EMG done on June 19, 2014 demonstrated evidence of right C6 and C7 active muscle denervation consistent with cervical radiculopathy. The diagnoses were cervical radiculopathy, neck strain/sprain, cervical disc displacement, and cervical uncinata and facet hypertrophy. Treatment to date has included Tylenol, activity modification, ice treatments, home exercise program, and physical therapy. Utilization review from June 27, 2014 denied the request for right C6-C7 selective nerve root block. There was no documentation provided stating failure of conservative treatments, and no physical examination findings provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Right C6-C7 Selective Nerve Root Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient complains of pain consistent with radiculopathy at C6-C7 corroborated by EMG done on June 19, 2014. However, there was no objective evidence that conservative treatments have failed to manage pain. The guideline recommends ESI for patients unresponsive to initial conservative treatment. The medical necessity has not been established at this time. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right C6-C7 Selective Nerve Root Blocks is not medically necessary.