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| Case Number: | CM14-0016055 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 01/25/2013 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 Texas. 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 reported an injury on 01/25/2013 due to a fall. The clinical note dated 02/20/2014 noted the injured worker presented with neck, back, and upper right extremity pain. The diagnoses were cervical radiculopathy, myofascial pain, shoulder pain, cervical dystonia, and status post cervical spinal fusion. Upon examination, there was decreased motor strength to the right C7 distribution, a positive head tilt 20 degrees to the right, cervical spasms, and mild tenderness. The injured worker had 40 degrees of flexion, 30 degrees of right lateral flexion, 30 degrees of left lateral flexion, 60 degrees of extension, 60 degrees of right rotation, and 60 degrees of left rotation to the cervical spine. Past surgical history includes a cervical epidural spinal injection, spinal fusion of the neck, and lysis of adhesions. Current treatment includes topiramate, Hydrocodone, omeprazole, Topamax, Flexeril, Dendracin Neurodendracin, and Vicodin. The provider recommended a right C7 select nerve root block, continued Hydrocodone, and continued Zanaflex. The provider's rationale was not included within the documentation. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT RIGHT C7 SELECTIVE NERVE ROOT BLOCK: Upheld

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

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

Decision rationale: The request for urgent right c7 selective nerve root block is non-certified. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI are radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be used performing fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The results of the prior ESI was not provided. The request did not indicate the use of fluoroscopy for guidance in the request. As such, the request is not medically necessary.