

Case Number:	CM14-0122044		
Date Assigned:	08/06/2014	Date of Injury:	03/19/2007
Decision Date:	09/11/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/03/2014

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 & 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 records presented for review indicate that this 63 year-old male was reportedly injured on 3/19/2007. The mechanism of injury is not listed in these records reviewed. The claimant has undergone a multi-level cervical laminectomy and fusion on 11/20/2008 and 12/4/2008. The most recent progress notes dated 7/8/2014 and 7/15/2014, indicate that there are ongoing complaints of neck and right upper extremity pain. Physical examination demonstrated limited cervical and shoulder range of motion; tenderness to subacromial region with positive Neer sign; right shoulder range of motion: flexion/abduction 80-85 with 4-/5 strength at extremities with 3+/5 ER actively painful with movement; left carpal scar healing well with normal range motion at wrist and digits. CT scan of the cervical spine dated 7/20/2010: 3 mm disk at C2-C3 with facet enlargement, C3-C4 fusion with moderate foraminal narrowing, C4-C5 fusion with severe foraminal narrowing and C5 laminectomy, C5-C6 fusion with laminectomy, C6-C7 laminectomy with moderate foraminal stenosis. Previous treatment includes cervical spine surgery, cervical epidural steroid injections (C6, C7 SNRB were performed in March 2014), physical therapy, acupuncture, trigger point/shoulder cortisone injections and medications to include Lidoderm patch, Lunesta, Norco, Prilosec, Vicodin, Relafen and Zanaflex. A request had been made for a right C7 selective nerve root block under fluoroscopic guidance and was not certified in the utilization review on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7 Selective Nerve Root Block under Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page 46 of 127 Page(s): Page 46 of 127.

Decision rationale: MTUS guidelines support one to two cervical epidural steroid injections when radiculopathy is documented on exam and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Review of the available medical records, fails to document objective radicular findings on examination, recent imaging studies of the cervical spine or a recent EMG/NCV study confirming the diagnosis of cervical radiculopathy. In addition, the claimant underwent a right C6, C7 selective nerve root blocks in March 2014 with only a 50% reduction in pain. Given the lack of clinical documentation, this request is not considered medically necessary.