

Case Number:	CM14-0122758		
Date Assigned:	09/16/2014	Date of Injury:	09/07/2013
Decision Date:	11/05/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine and is licensed to practice in California. 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:

This claimant is a 54 year old female with a date on injury of 8/13/2013. She injured her neck region and has chronic cervical, predominant mechanical axial pain, and recurrent myofascial strain and radiculopathic pain in her upper extremities. She underwent Cervical MRI on 12/4/2013 which showed multilevel disc bulges and a 5 mm disc bulge at C5-C6 level. EMG/NCV studies on 12/4/2013 did not show any evidence of radiculopathy or neuropathy. She has had cervical ESI on 3/4/2014 and again on 5/6/2014. In a Physicians Report by [REDACTED] on 4/1/2014, the patient is there for a followup of her neck and upper extremities. She has seen pain management and has undergone a round of injections which seemed to slightly improve her symptoms. On physical exam the patient has cervical range of motion limited to 20% in all planes secondary to pain. She has an equivocal Spurling's test and her left wrist demonstrates a positive Tinel's, Phalen's and carpal compression test. Her left thumb has pain over the A1 pulley and does have triggering with range of motion. She was diagnosed with cervical spine musculoligamentous injury with disc displacement, left recurrent carpal tunnel syndrome and left trigger thumb. She received a left flexor tendon sheath steroid injection at the A1 pulley on that day. On the Physician's Progress Report from 5/30/2014 by [REDACTED], the patient is there 21 days status post her second cervical epidural steroid injection. The patient did very well for 21 days and now is reporting pain mainly on the right side of her neck, especially when she bends backwards or looks over her right shoulder. She takes Skelaxin and Tramadol as needed and is working full duty. Over the previous 5-6 days, the pain is starting to increase and is worse with right lateral rotation and bending backwards. On physical exam, the patient does have tight paraspinal muscles bilaterally. She has pain with right lateral rotation and her right lateral rotation is limited to 60 degrees, lateral flexion is 35 degrees, extension is limited to 55 degrees, and flexion is 50 degrees. She is diagnosed with large cervical disc herniation and

cervical facet arthropathy and it is being recommended that she have a right medial branch nerve block. She has tried acupuncture, physical therapy, and anti-inflammatory medication which are not working for her. A recent progress note dated 7/11/2014 noted that the patient was still complaining of right sided neck pain rated 4-6/10. They are requesting right sided median nerve block at three levels including C4-C5, C5-C6, and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical median branch nerve block C4-C5,C5-C6, C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back: Facet Joint Diagnostic Blocks (injections)

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

Decision rationale: Based on MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. Most current guidelines recommend no more than 2 ESIs. ESIs can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that ESIs may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of ESIs to treat radicular cervical pain. Criteria for the use of ESIs are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than 2 nerve root levels should be injected using transformational blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series of three" injection in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESIs. In this case, the patient does appear to have radicular pain as documented on physical exam and the patient has also failed conservative therapy as well. However, based on MTUS guidelines only 2 nerve root levels should be injected, as opposed to the three requested in this case. Also, there was only documentation of reduced medication use for about 21 days after her second ESI, and the guidelines for repeat blocks are recommended for patients whose medication use is decreased for 6-8 weeks. Therefore, based on MTUS guidelines and review of the

evidence in this case, the request for Cervical Median Nerve Block of C4-C5, C5-C6, and C6-C7 is not medically necessary.