

Case Number:	CM14-0133190		
Date Assigned:	08/22/2014	Date of Injury:	05/20/2011
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 patient sustained an injury on 5/20/11 while employed by [REDACTED]. Request(s) under consideration include Nerve Block Injection C5-6 on right. AME report dated 6/15/12 noted patient with diagnoses to include cervical disc disease; repetitive strain of lower extremities; bilateral CTS. The patient had epidural steroid injection with good relief and would be reasonable to be candidate for additional epidural steroid injections for radicular symptoms. Report of 4/28/14 noted patient with worsening neck pain. Exam showed limited cervical flexion range to two inches; decreased sensation in right fourth and fifth digits. MRI of the cervical spine showed 2 mm disc protrusion with degenerative joint disease; 3 mm protrusion at T2-3 with cyst in transverse process of left T4. Cervical nerve blocks at C5-6 on right was recommended. The patient underwent cervical medial branch blocks on right C5, C6 on 5/29/14 without reported benefit. Report of 7/21/14 from the provider noted the patient with worsening neck pain. Exam showed decreased sensation and motor weakness at right triceps with 4+/5. C5-6 nerve block was recommended and the patient remained off work. The request(s) for Nerve Block Injection C5-6 on right was non-certified on 7/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Block Injection C5-6 on right: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602.

Decision rationale: This patient sustained an injury on 5/20/11 while employed by [REDACTED]. Request(s) under consideration include Nerve Block Injection C5-6 on right. AME report dated 6/15/12 noted patient with diagnoses to include cervical disc disease; repetitive strain of lower extremities; bilateral CTS. The patient had epidural steroid injection with good relief and would be reasonable to be candidate for additional epidural steroid injections for radicular symptoms. Report of 4/28/14 noted patient with worsening neck pain. Exam showed limited cervical flexion range to two inches; decreased sensation in right fourth and fifth digits. MRI of the cervical spine showed 2 mm disc protrusion with degenerative joint disease; 3 mm protrusion at T2-3 with cyst in transverse process of left T4. Cervical nerve blocks at C5-6 on right was recommended. The patient underwent cervical medial branch blocks on right C5, C6 on 5/29/14 without reported benefit. Report of 7/21/14 from the provider noted the patient with worsening neck pain. Exam showed decreased sensation and motor weakness at right triceps with 4+/5. C5-6 nerve block was recommended and the patient remained off work. The request(s) for Nerve Block Injection C5-6 on right was non-certified on 7/28/14. It appeared the patient had received previous cervical epidural injections as noted by AME with excellent relief. Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Although it is reported the EMG is negative for radiculopathy; however, clinical findings showed decreased sensory and motor weakness of the upper extremity. MRI report has disc protrusion and report from a provider on 8/1/11 noted diagnoses of cervical radiculopathy. AME also noted ESI provided relief for radicular symptoms. Submitted reports have no indication for failed conservative trial for diagnoses of cervical disc disease. Criteria per Guidelines have not been met. The Nerve Block Injection C5-6 on right is not medically necessary and appropriate.