

Case Number:	CM14-0139977		
Date Assigned:	09/08/2014	Date of Injury:	02/12/2003
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational 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:

The applicant is represented [REDACTED] employee, who has filed a claim for chronic low neck pain reportedly associated with an industrial injury of February 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers and various specialties; extensive periods of time off of work; and earlier cervical fusion surgery. In a Utilization Review Report dated August 11, 2014, the claims administrator partially certified a request for left-sided selective nerve root "blocks" at C6-C7, as left-sided C6-C7 cervical epidural steroid injection alone. In a July 31, 2014, progress note; the applicant reported persistent complaints of neck pain radiating to the left arm. The applicant was using Zestril, Norco, Motrin, Zantac, Colace, Lyrica, Ativan and senna. A 6 to 8/10 pain was appreciated. The applicant had a BMI of 27. Authorization was sought for "bilateral C6 and C7 selective nerve root blocks." The applicant was described as "permanently disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-C7 selective nerve root blocks.: Upheld

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

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

Decision rationale: The attending provider seemingly sought authorization for multiple blocks. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks/repeat selective nerve blocks should be based on continued objective documented pain relief and functional improvement with earlier blocks. The request for multiple blocks here thus, runs counter to MTUS principals and parameters that the attending provider is seemingly seeking authorization for multiple injections without a proviso to reevaluate the applicant following completion of first injection. Therefore, the request is not medically necessary.