

Case Number:	CM14-0174280		
Date Assigned:	10/24/2014	Date of Injury:	04/12/2004
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Pain 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 injured worker's original date of injury was April 12, 2004. The industrial diagnoses include chronic neck pain, chronic low back pain, and lumbar post laminectomy syndrome. The disputed issue in this case is a request for a nerve block of the cervical spine. A utilization review determination on October 3, 2014 had noncertified this request. According to the utilization reviewer, a peer to peer discussion was conducted and the requesting provider had felt that the request for nerve block was in error. Therefore it was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Block Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Occupational Medicine Practice Guidelines, Page 174

Decision rationale: ACOEM Practice Guidelines Chapter 9 on page 174 states the following regarding cervical spine injections: "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or

opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain."The disputed request is a cervical nerve block, but there is no specification as to the level or type of injection. A utilization review determination on October 3, 2014 had noncertified this request. According to the utilization reviewer, a peer to peer discussion was conducted and the requesting provider had felt that the request for nerve block was in error. Therefore this fact, and the lack of clarification as to the type of nerve block and levels involve make this request not medically necessary.