MAXIMUS Federal Services

Case Number:	CM14-0024373		
Date Assigned:	06/11/2014	Date of Injury:	07/24/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice 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 patient is a 42 year old female with date of injury 7/24/13. The treating physician report dated 1/30/14 indicates that the patient presents with pain affecting the cervical spine and right shoulder rated a 6-7/10 according to the utilization review report. The current diagnoses are: 1.Cervical Radiculitis. 2. Cervical HNP. 3. Cervical DDD. The utilization review report dated 2/12/14 denied the request for Selective Nerve Root Block C7 based on the rationale that the patient had just received a cervical ESI on 1/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: The patient presents with a hand written report with reported diagnoses of cervical radiculitis, cervical HNP and cervical DDD. The current request is for Selective Nerve Root Block (SNRB) at C7. The treating physician report dated 1/30/14 is mostly illegible. I

interpret the subjective complaint to state neck pain to right shoulder blade with right weakness. The objective finding states, "right scapula." The plan states, "Right C7 SNRB with [redacted]." The MTUS Guidelines require a clear diagnosis of radiculopathy for ESI. Although MRI from 9/6/13 showed a disc protusion, the examination and clinical presentation lack a diagnosis of radiculopathy. There is lack of dermatomal distribution of pain and no exam findings that support radiculopathy. Furthermore, it would appear that the patient had an ESI on 1/14/14 without any evidence of improvement. Recommendation is for denial.