

Case Number:	CM14-0052757		
Date Assigned:	07/07/2014	Date of Injury:	01/14/2009
Decision Date:	08/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 patient is a 47-year-old female who has submitted a claim for arthropathy associated with an industrial injury date of January 14, 2009. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain with numbness, tingling, and paresthesia. She had 2 interlaminar epidural injections which gave temporary improvement of symptoms. Physical examination showed bilateral cervical paravertebral muscle spasm, right greater than left; trigger points in the paracervical region; limitation of motion of the cervical spine with increase pain on extension; positive Spurling's maneuver, right; decreased right C5 and right C6 distribution; and tenderness across the right shoulder. MRI of the cervical spine showed C5-6 disc bulge as well as bilateral facet hypertrophy at C5-6. Electrodiagnostic studies performed on December 12, 2013 did not demonstrate evidence of peripheral neuropathy, entrapment neuropathy or acute cervical radiculopathy. The diagnoses were cervical radiculitis, cervical facet syndrome, and cervical pain. Treatment plan includes a request for right C6 nerve root block with fluoroscopy and sedation. The treatments to date include oral analgesics, physical therapy, home exercise program, chiropractic therapy, acupuncture, interlaminar injections and cervical trigger point injections. A utilization review from March 26, 2014 denied the request for right C6 nerve root block due to lack of benefit from prior epidural steroidal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6 Nerve Root Block: Upheld

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

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and 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 six to eight weeks. In this case, previous interlaminar injections were given. However, the level of injection and extent and duration of pain relief were not discussed. Moreover, magnetic resonance imaging (MRI) and electrodiagnostic studies did not confirm presence of radiculopathy. The guideline requires objective radiculopathy corroborated by imaging and electrodiagnostic studies, and at least 50% pain relief from previous injections for repeat blocks. In addition, there was no evidence of failure of conservative treatment to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right C6 Nerve Root Block is not medically necessary.