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| Case Number: | CM14-0053804 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/19/2010 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 59 year old male who was injured on 8/19/2010. The diagnoses are bilateral knees pain, status post cervical discectomy/fusion, neck pain, headache, muscle spasm and bilateral shoulder pain. There are associated diagnoses of insomnia and neuropathy. The past history is significant for removal of brain tumor in 2011 and shoulder surgery in 2011. There is a history of past epidural steroid injury and radiofrequency ablation that resulted in a 50% reduction in pain in 2013. On 2/24/2014, the chiropractic note documented neck pain rated at 10/10 on a scale of 0 to 10. The MRI of the cervical spine showed multilevel disc bulges and facet hypertrophy. A recent CT of the cervical spine showed C5-C6 fusion neuroforaminal stenosis and spondylosis. On 6/20/2014, [REDACTED] noted subjective complaints of tingling, numbness, shooting pain and complete loss of sensation on all the fingers. The medications are tramadol, hydrocodone and Celebrex for pain, Zolpidem for insomnia and Maxalt for headache. A Utilization Review determination was rendered on 3/27/2014 recommending non certification for Selective Nerve Root Blocks left C6-7 X1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block Left C6- 7x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs (epidural steroid injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Complaints.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of cervical epidural steroid injections for the treatment of cervical radiculopathy pain that is non responsive to conservative management with medications and physical therapy. The record indicate subjective, objective and radiological findings consistent with cervical radiculopathy. On 6/20/2014, [REDACTED] noted ongoing tingling, numbness and loss of sensations in all fingers due to worsening cervical radiculopathy. The criteria for Selective Nerve Root Blocks left C6-7 was not met. The request for Selective Nerve Root Block Left C6- 7 Quantity: 1 is not medically necessary.