

Case Number:	CM14-0065130		
Date Assigned:	07/11/2014	Date of Injury:	12/11/2000
Decision Date:	08/27/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/08/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on December 11, 2000. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated April 7, 2014, indicated that there were ongoing complaints of neck pain. The physical examination was not reported in this note. Diagnostic imaging studies objectified posterior endplate osteophytes with posterior displacement at C6-C7. At C7-T1, there was no new large posterior herniated disc. The changes on the multiple surgeries were identified from C4 through C6 with degenerative disc disease at C6-C7. There was no noted nerve root encroachment. Previous treatment included lumbar laminectomy, the arthroscopy, cervical fusion, revision surgeries, hardware removal, postoperative rehabilitation(s), multiple medications and pain control measures. A request had been made for selective nerve root block and was granted in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block at C7 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: The standards for a nerve block such as this are outlined in the MTUS guidelines. This is an individual, who noted on multiple surgical interventions, some degenerative changes noted in the cervical spine base of the most recent imaging studies; however, there was no evidence of specific encroachment. Furthermore, there was no reported electrodiagnostic data suggesting a radiculopathy. Therefore, while noting there has been some success with the physical therapy intermedullary pain complaints, there simply was no clinical indication to pursue an additional injection therapy at this time, when there is no radiculopathy. Therefore, the medical necessity of this procedure is not established. The request is not medically necessary.

Additional Physical Therapy times ten (10) sessions cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the date of surgery, noting the multiple surgeries, noting the response to the recently completed course of physical therapy, transition to home exercise protocol is all that would be endorsed. As outlined in the guidelines, this is the optimum outcome. Given the amount of therapy completed, there is no data presented to suggest that additional formal physical therapy is warranted. The medical necessity has not been established. The request is not medically necessary.