

Case Number:	CM14-0085933		
Date Assigned:	07/23/2014	Date of Injury:	03/01/2013
Decision Date:	08/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/09/2014

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:

This is a 39-year-old male who sustained a remote industrial injury on 03/01/13 diagnosed with sprain of the neck, brachial neuritis, sprain of the shoulder, lumbosacral sprain, and cervical radiculopathy with C5-6 deficit. Mechanism of injury occurred as a result of lifting trays of food/dishes over a 10-hour shift, resulting in lower back pain, cervical spine pain, and right shoulder pain. The request for Right C5 Nerve Root Block was non-certified at utilization review due to the lack of evidence of radicular pain in a dermatomal distribution with corroborative findings of radiculopathy. The most recent progress note provided is 05/28/14. Patient complains primarily of neck pain. Physical exam findings reveal decreased range of motion of the cervical spine with pain at the endpoints of motion; a positive Spurling's sign in the right upper extremity; and diminished sensation in the right C5 distribution. The motor and neurological examinations of the upper extremities are normal. Current medications include: Ibuprofen and Vicodin. It is noted that the patient is currently working with restrictions. Provided documents include several previous progress reports. The patient's previous treatments include chiropractics, shoulder injections, physical therapy, and medications. Imaging studies provided include an MRI of the cervical spine, performed on 01/09/14. The impression of this MRI reveals multilevel cervical spinal spondylosis with multilevel foraminal stenosis most significant at the C4-5 level where there is severe bilateral foraminal stenosis and focal moderate central canal narrowing. An MRI of the lumbar spine, performed on 12/17/13, is also included and reveals circumferential bulging of the annulus that extends through both foraminal regions resulting in mild to moderate left and mild right foraminal stenosis at the L5-S1 level, while an MRI of the right shoulder, performed on 11/20/13, reveals a mildly impacted Hill-Sachs deformity and some subtle posterior glenoid labral extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5 Nerve Root Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Epidural steroid injection (ESI).

Decision rationale: According to CA MTUS guidelines on epidural steroid injections, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no subjective complaints involving the upper extremities and little objective findings on examination indicative of radiculopathy as the neurological exam and lower extremities exam present normal findings, other than diminished sensation in the C5 dermatome. Further, ODG highlights that diagnostic epidural steroid injections are used to determine the level of radicular pain when imaging reports are ambiguous. As the MRI of the cervical spine reveals foraminal stenosis most significant at the C4-5 level, it appears clear that this level would be the patient's main pain generator. Therefore, the request for right C5 nerve root block is not medically necessary and appropriate.