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| Case Number: | CM14-0207697 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 12/20/2010 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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:

This is a 51-year-old female with a 12/20/10 date of injury. The injury occurred when she slipped on a group of seedpods that had fallen from a tree. Her feet slid out from under her and she fell forward onto the concrete sidewalk, landing hard on her arms and knees. According to a progress note dated 12/1/14, a second steroid injection was authorized. She did not wish to proceed with surgery options at this time. The patient stated that physical therapy was not helpful. Objective findings: CT myelogram dated 9/27/14 revealed bilateral neural foraminal stenosis at C5-C6. Diagnostic impression: right shoulder bursitis, herniated cervical disc injury, status post cervical spine surgery 8/19/13, radiculopathy of right upper extremity, right shoulder impingement syndrome, status post right shoulder surgery 8/12/11. Treatment to date: medication management, activity modification, epidural steroid injection, surgeries. A UR decision dated 12/3/14 modified the request for bilateral extraforaminal selective nerve root block to certify bilateral extraforaminal selective nerve root block C5-6. In this case, the patient was noted to be treated with conservative measures. The patient subsequently had surgery with ongoing symptoms in the C6 distribution. The updated CT scan noted neuroforaminal stenosis at C5-6. Proceeding with SNRB would be appropriate to identify the pain generator. The patient was noted to have objective findings on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Extraforaminal Selective 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 ACOEM Chapter 12 Low Back Complaints Page(s): 46, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the present case, this request does not specify the specific level for injection. The UR decision dated 12/3/14 modified this request for bilateral extraforaminal selective nerve root block to certify bilateral extraforaminal selective nerve root block C5-6. It is unclear why this request is being made at this time. Therefore, the request for Bilateral Extraforaminal Selective Nerve Root Block was not medically necessary.