MAXIMUS Federal Services

Case Number:	CM14-0209563		
Date Assigned:	12/22/2014	Date of Injury:	07/15/2010
Decision Date:	02/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabn

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 injured worker is a 61-year-old female who reported an injury on 07/15/2010. Her diagnosis is cervical disc displacement. The mechanism of injury reportedly occurred while lifting a 5 gallon water bottle. Past treatments have included medications, immobilizes, physical therapy, and left shoulder surgery. Diagnostic studies include an x-ray of the cervical spine, a CT of the cervical spine without contrast. Surgical history included a 3 level decompression and fusion from C3 to C6. The patient presented on 10/21/2014 with complaints of radiating neck pain to her left hand. Upon physical examination, range of motion to the right was at 180 degrees without any pain; abduction to the left was at 135 degrees and positive for pain. Reflexes to the right biceps was at 1; left was at 0. The injured worker had a negative Hoffmann's sign. Her current medication regimen was not provided within the documentation submitted for review. The treatment plan included trying the cervical spine transforaminal blocks. The rationale for the request was that the injured worker would like to see if the blocks would help before proceeding with surgery. A Request for Authorization form dated 11/14/2014 was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Transforaminal Blocks on the left at the C5-C6, C6-C7 and at C7-T levels: Upheld

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

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

Decision rationale: The request for cervical transforaminal blocks on the left at the C5-6, C6-7, and at C7-T levels is not medically necessary. The injured worker has radiating neck pain. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Additionally, the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review failed to provide evidence of current neurological deficits on physical exam such as a positive Spurling's test. Additionally there was no evidence of pain relief of at least 50% for at least 6 to 8 weeks after the last injection; a decreased need for pain medication, improved function, improvement in the injured worker's activities of daily living, range of motion/motor strength. Additionally, the documentation failed to provide evidence that the injured worker would be participating in an active treatment program planned after the injection or a home exercise program or physical therapy. Furthermore, the request as submitted is for 3 levels. Given the above, the request does not support the evidence based guidelines. As such, the request for cervical transforaminal blocks on the left at the C5-6, C6-7, and at C7-T levels is not medically necessary.