

Case Number:	CM15-0105223		
Date Assigned:	06/09/2015	Date of Injury:	06/03/2009
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old woman sustained an industrial injury on 6/3/2009. The mechanism of injury is not detailed. Evaluations include an undated cervical spine MRI. Diagnoses include cervical spondylosis with possible radiculopathy. Treatment has included oral medications and trigger point injections. Physician notes dated 5/4/2015 show complaints of neck pain. Recommendations include cervical flexion-extension film, home cervical traction trial, and cervical selective nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Left C4-C5 Nerve block Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: The request is for a selective left C4-C5 nerve block in a patient with cervical spondylosis and possible radiculopathy. CA MTUS guidelines state that injection

procedures have no proven benefit in treating acute neck and upper back symptoms. The medical records reveal no rationale for the necessity of this procedure. Physical examination does not support findings of a radiculopathy. MRI findings also do not support this request. Therefore the request is deemed not medically necessary or appropriate.