

Case Number:	CM15-0131763		
Date Assigned:	07/17/2015	Date of Injury:	02/12/2015
Decision Date:	08/13/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year-old female who sustained an industrial injury on 02/12/15. She reported head, neck, and low back pain status post fall. Diagnoses include displacement of cervical intervertebral disc, traumatic head injury, and left knee contusion. Diagnostic testing and treatments to date have included radiographic imaging, MRI, laboratory evaluation, physical therapy, acupuncture, and topical/oral pain medication management. Currently, the injured worker complains of debilitating neck and back pain which has failed to improve with physical therapy, anti-inflammatory medication, time, and rest. Anti-inflammatory medication aggravates her acid reflux. Requested treatments include bilateral C6, C7 nerve root block for the cervical spine. The injured worker is under temporary total disability. Date of Utilization Review: 06/23/15. She has been evaluated by a neurologist who notes no numbness or weakness. The requesting physician does not document any radicular pattern that fits a dermatomal distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6, C7 nerve root block for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: Due to the uncertain benefits from epidural injections, the MTUS Guidelines have very specific criteria to justify its use. The Guideline criteria include a clinical syndrome consistent with a well defined radiculopathy which corresponds to diagnostic test results. The cervical MRI may be consistent with a radiculitis, but there are no defined clinic findings that are consistent with this. An expert neurological evaluator has opinioned that no radicular symptoms have been present. There are no unusual circumstances to justify an exception to Guidelines. The request for epidural injections (Bilateral C6, C7 nerve root block for the cervical spine) is not supported by Guidelines and is not medically necessary.