

Case Number:	CM15-0138189		
Date Assigned:	07/28/2015	Date of Injury:	01/31/2007
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on January 31, 2007. She reported immediate pain in the back of her head and low back. Treatment to date has included x-rays, MRI, CT scan, discogram, chiropractic care, epidural injections, surgery, electro diagnostic studies, physical therapy and medications. Currently, the injured worker complains of intermittent, moderate to severe low back pain that radiates down the right buttock to the right thigh and intermittent, moderate neck pain with stiffness. The injured worker is currently diagnosed with cervical spine sprain-strain with radicular complaints, lumbar spine sprain-strain with radicular complaints and post lumbar spine fusion. Her work status is full duty. A note dated November 30, 2010 states the injured worker experienced temporary relief from epidural injections. A note dated July 29, 2013 states the injured worker responded well to physical therapy, chiropractic care, rehabilitation and spinal decompression, but not completely. A note dated April 16, 2015 states there is evidence of an acute right C6-C7 cervical Radiculopathy therefore; a selective nerve root block at C6-C7 with a pain management specialist is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block at C6-C7 with a pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for radiating neck and low back pain. When seen, she was having moderate to severe back pain radiating into the right lower extremity. She was having intermittent moderate neck pain with stiffness. There was cervical spine tenderness with decreased range of motion and muscle spasms. There was decreased lumbar spine range of motion with tenderness and increased muscle tone. There was tenderness over the thoracolumbar junction, lumbar facet joints, and right sciatic notch. Straight leg raising on the right was positive. There was decreased right lower extremity strength, sensation, and reflexes. EMG/NCS testing in February 2015 had shown findings of acute right C6 and C7 Radiculopathy. An MRI scan of the cervical spine in May 2014 had shown multilevel disc bulging with mild C4-5 foraminal narrowing. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with Radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, although the electro diagnostic findings in February 2015 do not correlate with the imaging findings in May 2014, the presence of radicular pain is not documented and there are no physical examination findings of cervical Radiculopathy. The claimant has not had cervical spine surgery. The requested selective nerve-root block procedure is not medically necessary.