

Case Number:	CM15-0140227		
Date Assigned:	07/30/2015	Date of Injury:	02/14/2015
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 47 year old male with a February 14, 2015 date of injury. A progress note dated June 4, 2015 documents subjective complaints (still has significant headache and neck pain as well as left shoulder pain and lower back pain), objective findings (head forward posture; range of motion limited on extension; tenderness to palpation over the midspine and paraspinals left greater than right; tenderness to palpation over the trapezius, scapula levator, as well as rhomboid; tenderness to palpation over the right temporal area and left sacroiliac joint; forward flexion of the lumbar spine guarded; positive Spurling bilaterally; positive facet loading bilaterally; tenderness to palpation over the teres minor and anterior subacromial space with mild impingement), and current diagnoses (headache; neck pain; lower back pain). Treatments to date have included physical therapy for the low back, medications, imaging studies, and home exercise. The treating physician documented a plan of care that included cervical spine injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Injection Right C3-C4 and C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Epidural steroid injection, subheading.

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

Decision rationale: It is unclear what cervical spine injections are being requested at right C3-4 and C4-5. Per peer to peer discussion from the UR report, the provider is ordering the injections on behalf of another provider, but believes it may be for facet/ medical branch block; however, is not certain. Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or documented failed conservative care for this injury. Additionally, nerve injections/blocks are not recommended in patient who may exhibit radicular symptoms with identified possible nerve impingement (positive Spurling), and performed over 2 joint levels concurrently (C3, C4, and C5) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this injury. Submitted reports have not demonstrated support outside guidelines criteria. The Cervical Spine Injection Right C3-C4 and C4-C5 is not medically necessary or appropriate.