

Case Number:	CM15-0145759		
Date Assigned:	08/07/2015	Date of Injury:	05/05/2010
Decision Date:	09/23/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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:

This is a 59 year old male with a May 5, 2010 date of injury. A progress note dated June 19, 2015 documents subjective complaints (relatively severe right cervical radiculopathic symptoms), objective findings (diffuse tenderness in the posterior cervical musculature; full range of motion of the cervical spine; some neurological symptoms in the C5 and C6 distributions of the right upper extremity), and current diagnoses (right cervical radiculopathy; right greater than left cervical foraminal stenosis). Treatments to date have included cervical spine fusion, imaging studies, physical therapy, and medications. The treating physician documented a plan of care that included right nerve root blocks at C3-C4 and C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right nerve root block at C3-C4 and C4-C5: Overturned

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

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

Decision rationale: The claimant sustained a work-related injury in May 2010 and is being treated for radiating right upper extremity pain after a multilevel anterior cervical decompression and fusion. A CT scan of the cervical spine on 05/22/15 included findings of multilevel mild to moderate foraminal narrowing with right lateralization at C4-5 and C5-6. When seen, he was having severe radicular symptoms. Physical examination findings were cervical spine tenderness and C5 and C6 hypesthesia. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity sensation in a dermatomal distribution and imaging correlates with the claimant's right sided symptoms. The criteria for a cervical epidural steroid injection are met and the request is medically necessary.