

Case Number:	CM15-0146410		
Date Assigned:	08/07/2015	Date of Injury:	02/16/2014
Decision Date:	09/04/2015	UR Denial Date:	07/22/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 51 year old male who sustained an industrial injury on 02-16-2014. He reported a MVA in which he was restrained and the airbag deployed. He developed a headache and began experiencing posterior neck and back pain. The injured worker was diagnosed as having:- Post-traumatic cephalgia secondary to cervical sprain-strain- Acute cervical sprain-strain- Acute thoracic sprain-strain- Traumatic right cervical radiculitis- Right wrist sprain-strain. Treatment to date has included a percutaneous epidural decompression neuroplasty of the right C3 nerve root and right suprascapular nerve block with right shoulder joint injection and right shoulder mobilization April 15, 2015. MRI of the cervical spine, and MRI arthrogram of the right shoulder. He had mild to moderate left neural foraminal stenosis and mild right neural foraminal stenosis with no evidence of central canal stenosis. EMG/NCV (electromyogram /nerve conduction velocity) was normal. Currently, the injured worker complains of pain that he rates as a 6-7 on a scale of 1-10. His range of motion and strength between provider visits is unchanged. Physical therapy has been kept on hold due to missed appointments. Physical exam reveals abnormal range of motion for cervical spine and the neck is tender to palpation. There is numbness in the upper extremity with impingement signs. Range of motion of the right shoulder is abnormal, range of motion for the left shoulder is normal. Range of motion for the thoracic spine is abnormal, and tenderness is palpated over the paraspinal area bilaterally. The worker remains off work. The treatment plan is for a Therapeutic percutaneous epidural decompression neuroplasty of the cervical nerve root for analgesia right at C3 level. A request for authorization was made for the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic percutaneous epidural decompression neuroplasty of the cervical nerve root for analgesia right at C3 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Epidural neurolysis, Epidural neuroplasty, Adhesiolysis, Injection with anesthetics and/or steroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Adhesiolysis.

Decision rationale: Pursuant to the Official Disability Guidelines, therapeutic percutaneous epidural decompression neuroplasty of cervical nerve root for analgesia right C-3 level is not medically necessary. Percutaneous epidural neuroplasty is not recommended due to the lack of sufficient literature evidence (risk v. benefit, conflicting literature). Percutaneous neuroplasty is a treatment for chronic pain that involves disruption, reduction and/or elimination of fibrous tissue from the epidural space. Adhesiolysis/neuroplasty is not recommended by the ODG. In this case, the injured worker's working diagnoses are unspecified musculoskeletal disorders and symptoms referable to the neck; chest pain unspecified; brachial neuritis or radiculitis NOS; pain in thoracic spine; and unspecified disorder of bursa and tendons and shoulder region. The date of injury is February 16, 2014. Request for authorization is dated July 9, 2015. According to a June 16, 2015 progress note, the injured worker has 7/10 pain. Documentation does not indicate the problematic areas of pain. Objectively, range of motion is abnormal tenderness. There is no neurologic evaluation. There are no medications listed in the progress note. There is no discussion of the proposed procedure (therapeutic percutaneous epidural decompression neuroplasty of cervical nerve root for analgesia right C-3 level) in the treatment plan. Similarly, examination of the July 27, 2015 progress note shows the same subjective, objective and blank medication sections. There is no clinical indication or rationale for the proposed procedure. Additionally, percutaneous epidural neuroplasty is not recommended due to the lack of sufficient literature evidence (risk v. benefit, conflicting literature). Consequently, absent guideline recommendations for the proposed procedure, clinical documentation with a clinical indication and rationale for the proposed procedure and a detailed neurologic evaluation, therapeutic percutaneous epidural decompression neuroplasty of cervical nerve root for analgesia right C-3 level is not medically necessary.