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| Case Number: | CM15-0193476 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 05/13/2011 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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, South Carolina

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

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 66 year old female who sustained an industrial injury on 05-13-2011. A review of the medical records indicated that the injured worker is undergoing treatment for cervical and lumbar radicular pain. According to a consultation report on 09-14-2015, the injured worker continues to experience neck pain radiating to the left shoulder stopping at the elbow, and rated at 7 out of 10 at the visit, and as low as 4 out of 10 with medications, and 8-9 out of 10 on the pain scale without medications. The injured worker reported occipital and bi-temporal headaches. The injured worker also reported low back pain radiating to the right thigh and shin with pain between 4-10 out of 10 on the pain scale. According to the primary treating physician on 09-24-2015, the injured worker was unchanged with full neck range of motion but moves slowly with tenderness at the left paracervical muscles. Recent lumbar spine and cervical spine X-rays were performed on 09-14-2015 with official reports included in the review. Cervical spine X-rays impression documented "degenerative disc disease at the mid and lower cervical levels with loss of normal lordosis, but no abnormal motion on flexion-extension." Prior treatments have included diagnostic testing, cervical epidural steroid injection, acupuncture therapy, deep massage therapy sessions, and medications. Current medications were listed as Norco 10mg-325mg and morphine sulfate ER 10mg at sleep. Treatment plan consists of referral to pain management and the current request for left C5-C6 selective nerve root block, QTY: 3, follow-up visit for the cervical spine, and an [REDACTED] cervical collar. On 09-29-2015, the Utilization Review determined the request for left C5-C6 selective nerve root block, QTY: 3, follow-up visit for the cervical spine, and an [REDACTED] cervical collar were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-C6 Selective Nerve Root Block, per 9/14/2015 QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: The CA MTUS is relatively silent concerning cervical medial branch blocks; however, the cited ODG recommends facet joint diagnostic blocks prior to facet neurotomy. Per ODG, if successful diagnostic blocks are performed, treatment may proceed to facet neurotomy at the diagnosed levels. Research indicates that a minimum of one diagnostic medial branch block (MBB) be performed prior to a neurotomy. Although MBBs and intra-articular blocks appear to provide comparable diagnostic information, results found better predictive effect with diagnostic MBB. ODG criteria state that the one set of diagnostic MBBs is required with a response of greater than or equal to 70%, with the pain response lasting approximately 2 hours. According to recent treating provider notes from 9-14-2015, the injured worker was not a candidate for surgery, but was recommended for selective nerve root blocks at C5-C6 left due to her radicular symptoms. However, utilizing MBB for radicular cervical pain is not indicated, and in addition, the injured worker is not pending potential neurotomy. Therefore, the request for left C5-C6 selective nerve root block, per 9/14/2015 QTY: 3, is not medically necessary and appropriate.

Follow up visit, Cervical Spine, per 9/14/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 Independent Medical Examinations and Consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, the follow up visit was for a requested left C5-C6 selective nerve root block, which is not medically necessary and appropriate. Therefore, follow up visit, cervical spine, per 9/14/2015 order, is not medically necessary and appropriate.

████████ Cervical Collar, per 9/14/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Collars (cervical).

Decision rationale: Per the cited ACOEM guidelines, a cervical collar is not recommended more than 1 to 2 days status post acute neck disorders. According to the cited ODG, cervical collars are not recommended for neck sprains, but may be appropriate in the post-operative period and when there are indications of fracture. Although it is relatively unclear from the treating physician notes why a cervical collar was requested, in either case, the collar would not be indicated based on the current diagnoses and that the requested cervical procedure is non-certified. Therefore, the request for an ██████████ cervical collar, per 9/14/2015 order, is not medically necessary and appropriate.