

Case Number:	CM15-0025438		
Date Assigned:	02/18/2015	Date of Injury:	06/25/2008
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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:

The injured worker is a 41 year old male who sustained an industrial injury on 06/25/2008. Current diagnoses include status post anterior cervical decompression with fusion at C5-C6 and foraminotomy C5-C6 and C6-C7 with residuals, inguinal hernia, industrial, anxiety, depression, and weight loss, transitional syndrome with stenosis and disc protrusion at C4-C5, sleep disorder secondary to industrial injury, left-sided abdominal/inguinal hernia, and acute exacerbation, and sprain/strain, status post multiple surgeries. Previous treatments included medication management, cervical decompression and fusion, nerve block, home exercise program, and acupuncture. Report dated 01/13/2015 noted that the injured worker presented with complaints that included constant headaches, severe neck pain with radiation into the left shoulder and down into the upper extremity. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/29/2015 non-certified a prescription for selective nerve root block C6, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block C6: Upheld

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

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: Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. There is no report for electrodiagnostic studies, MRI reports, or clinical findings to suggest facet arthropathy for this chronic injury with ongoing pain and unchanged functional status from previous history of blocks without change in medication profile or work status. Submitted reports have no indication for failed conservative trial for diagnoses s/p fusion, nor were there any clinical findings suggestive of facet arthrosis. Symptoms complaints and Clinical findings are more indicative of possible radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports also have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). Guidelines do not recommend cervical blocks at previous fusion sites as requested here. Criteria per Guidelines have not been met. The Selective Nerve Root Block C6 is not medically necessary and appropriate.