

Case Number:	CM15-0213092		
Date Assigned:	11/02/2015	Date of Injury:	11/12/2014
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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 44 year old male, who sustained an industrial injury on 11-12-14. The injured worker was diagnosed as having status post C5-C7 anterior cervical discectomy and fusion, left C7 radiculopathy, left cervical myofascial pain syndrome and bilateral L5 radiculopathy. Subjective findings (6-23-15, 8-28-15 and 9-28-15) indicated pain in the neck and left upper extremity paresthesia and left hand weakness. The injured worker rates his pain 8 out of 10. He also reported mid and low back pain. Objective findings (8-28-15 and 9-28-15) revealed left L5 decreased sensation to light touch and pin prick, diminished left C7 sensation to light touch and pin prick and pain with cervical and lumbar flexion. As of the PR2 dated 10-1-15, the injured worker reports neck pain. He did not receive any relief from the left sided cervical trigger point injections he previously received. Treatment to date has included physical therapy, a TENS unit and Percocet. The Utilization Review dated 10-9-15, non-certified the request for a left C7-T1 epidural steroid injection and bilateral L5 selective nerve root blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C7/T1 Epidural Steroid Injection: Upheld

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

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

Decision rationale: Review indicates recent MRI of the cervical spine on 8/13/15 showed anterior cervical discectomy and fusion (ACDF) at C5-7 (3/23/15) with congenital canal narrowing. Without superimposed DDD; uncovertebral arthropathy causing Mild left neural foraminal narrowing at C5-6 Without evidence of compression of exiting nerve root. There was no mention for remarkable findings at C7/T1 level. The patient had deferred EMG/NCS study from fear of needles. Per guidelines, ESI may be an option to defer surgery; however, submitted report has not shown any surgical lesion on MRI or myotomal and dermatomal correlation on clinical examination. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not established here as the MRI did not showed remarkable findings at epidural level requested to collaborate with clinical findings. The Left C7/T1 Epidural Steroid Injection is not medically necessary and appropriate.

Bilateral L5 Selective Nerve Root Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, myotomal/dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the nerve blocks have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Bilateral L5 Selective Nerve Root Blocks is not medically necessary and appropriate.