

Case Number:	CM15-0041198		
Date Assigned:	03/11/2015	Date of Injury:	04/15/2014
Decision Date:	05/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/04/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on April 15, 2014. The injured worker was diagnosed as having cervical radicular pain, brachial neuritis or radiculitis and pain in joint shoulder region. Treatment and diagnostic studies to date have included heat/cold, traction and medication. A progress note dated November 24, 2014 provides the injured worker complains of neck and right shoulder pain that radiates to arm to fingers. She rates the pain as 4/10. Physical exam notes decreased strength on the right. There was sensory loss of the right fifth finger and tender taut bands of the neck / shoulder muscles. There was equivocal Spurling test and normal range of motion of the cervical spine. The plan includes new magnetic resonance imaging (MRI), X-ray, medication and pain clinic for nerve block. The 10/2/2014 MRI of the cervical spine was reported to show C3-C4 disc bulge with mild to moderate foramina stenosis and C5-C6 narrowing with bilateral foramina stenosis. The EMG / NCV showed right carpal tunnel syndrome. The medications listed are Flexeril, Lodine, Tylenol and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical selective nerve root block with dorsal root ganglion stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of cervical radiculopathy when conservative treatments with medications and physical treatments have failed. The records did not show subjective, objective, radiological and EMG/NCS findings that are conclusive of a diagnosis of cervical radiculopathy. There was equivocal findings related to neurological examination of the cervical spine. The EMG/NCV report was indicative of distal neuropathy. The records established a diagnosis of myofascial pain syndrome with positive findings of tender taut bands. The criteria for selective cervical nerve roots block with dorsal nerve root stimulation were not met and therefore not medically necessary.