

Case Number:	CM15-0048114		
Date Assigned:	03/20/2015	Date of Injury:	07/28/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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 32-year-old male who sustained an industrial injury on 07/28/2013. Diagnoses include cervicalgia, cervicobrachial syndrome, and cervical spondylosis without myelopathy. Treatment to date has included medications, physical therapy, acupuncture sessions, traction, and home exercise program. A physician progress note dated 02/07/2015 documents the injured worker has restricted range of motion of the cervical spine, and neck movements are painful. There is pain on palpation along the left levator and splenius capitus and cervicis, tenderness, tight muscle band and trigger point is noted on the left side. Spurling's maneuver causes radicular symptoms (with radiating pain down the left arm). He has diminished sensation over the radial forearm and radial arm on the left side. Maximus foraminal compression test is positive for pain in the left shoulder and arm. Treatment requested is for bilateral C6-C7 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-C7 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: Based on the 12/30/14 progress report provided by the treating physician, this patient presents with neck pain, left shoulder pain, and upper back pain which he's been feeling for 1 year 3 months, which is moderate and intermittent (30-60% of the time), described as cramping, shooting, aching, throbbing and associated with pins/needles sensation. The treater has asked for BILATERAL C6-7 SELECTIVE NERVE ROOT BLOCK on 2/17/15. The patient's diagnoses per Request for Authorization form dated 2/17/15 are cervicgia, cervico-brachial syndrome, cervical spondylosis without myelopathy. The patient is s/p physical therapy (6 sessions in 2013) for the shoulder and acupuncture (also 6 sessions in 2013) which did not help per 12/30/14 report. The patient is currently taking Diclofenac during daytime and Flexeril at night for left shoulder muscle spasms, with unspecified benefit per 12/30/14 report. The patient is currently working full time. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." An MRI of the cervical spine from 12/3/13 showed: "C3-4 broad-based posterior disc and periosteophyte complex. Mild narrowing of the foramen at C4-5. Broad-based posterior disc bulge at C5-6. Broad-based posterior disc bulge at C6-7. At C5-6 and C6-7 there is indentation of the anterior aspect of the thecal sac and mild narrowing on the right at C5-6 and on the left at C6-7 neural foramen." Review of the reports do not show any evidence of cervical epidural steroid injections being done in the past. The 2/17/15 progress report shows restricted range of motion of the C-spine. Pain on palpation along the left levator and splenius capitus and cervicis, tenderness, tight muscle band and trigger point noted on left side per 2/17/15 report. In this case, the patient does complain of neck pain with radicular complaints in the left shoulder but no clear radicular symptoms down the arm for a potential diagnosis of radiculopathy. There is no correlation with the MRI findings nor are there symptoms showing radiculopathy either. No exam findings show radiculopathy. Furthermore, MTUS p46 states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.