

Case Number:	CM15-0054828		
Date Assigned:	03/30/2015	Date of Injury:	06/10/2013
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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, Illinois

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

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 51 year old female, who sustained an industrial injury 06/10/2013 reporting right shoulder pain. On provider visit dated 02/24/2014 the injured worker has reported shoulder pain, developing numbness and tingling going down the right upper extremity, neck pain, midback and lower back pain as well as left hip pain. On examination she was noted to have facet provoking maneuvers were positive at C4-C5, C5-C6 and C6-C7. The diagnoses have included cervicalgia, cervical facet arthropathy, possible cervical radiculopathy versus carpal tunnel syndrome and depression. Treatment to date has included MRI's, physical therapy, medication, trigger point injections, TENS, and chiropractic therapy. The provider requested nerve root block for right C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve root block for right C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The injured worker sustained a work related injury on 06/10/2013. The medical records provided indicate the diagnosis of cervicalgia, cervical facet arthropathy, possible cervical radiculopathy versus carpal tunnel syndrome and depression. Treatment has included physical therapy, medication, trigger point injections, TENS, and chiropractic therapy. According to the MTUS Chronic Pain Medical Treatment Guidelines, "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." The medical records provided for review do not indicate a medical necessity for nerve root block for right C5-C6. The records indicate the cervical examination was negative for Spurlings sign and the nerve studies were negative for radiculopathy. The cervical MRI revealed disc bulge and neuroforaminal stenosis, the previous cervical epidural injection was not beneficial. Therefore, this request is not medically necessary.