

Case Number:	CM15-0056274		
Date Assigned:	04/01/2015	Date of Injury:	12/30/2013
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/24/2015

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 72 year old male who sustained an industrial injury on December 30, 2013. He has reported injury to of the neck and right hand and has been diagnosed with cervical spine degenerative disc disease and spinal stenosis, multi level, cervical spine discectomy, cervical spine radiculopathy, thoracic/right trapezial sprain, and right foot paresthesia. Treatment has included surgery, medication, injection, and physical therapy. Currently the injured worker complains of pain to the neck. The treatment request included a right C4-5 and C5-6 cervical spine selective nerve root injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-5 And C5-C6 Cervical Spine Selective Nerve Root Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The patient complains of neck, right hand/fingers, and upper back pain. The patient is status post cervical transforaminal nerve root injection from 12/22/2014. The physician is requesting a Right C4-C5 And C5-C6 Cervical Spine Selective Nerve Root Injection. The RFA was not made available for review. The patient's date of injury is from 12/30/2013, and he is currently temporarily totally disabled. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states: There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The 01/16/2015 progress report notes that the patient's recent injection was not helpful. The 02/16/2015 progress report references an MRI of the cervical spine from 02/28/2014 that showed evidence of moderate to severe foraminal stenosis at C3-C4, C4-C5, C5-C6, and C6-C7. The examination shows sensation of the left extremity was normal. Right extremity sensation was grossly intact to all dermatomes. There are no focal deficits present. In this case, the patient's previous injection did not result in at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The patient does not meet the required criteria based on the MTUS Guidelines for a repeat cervical spine selective nerve root injection. The request Is Not medically necessary.