

Case Number:	CM15-0056903		
Date Assigned:	04/01/2015	Date of Injury:	08/14/2013
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 30 year old male, who sustained an industrial injury on 8/04/2013. The injured worker was diagnosed as having cervical spine pain, cervical spine strain/sprain, cervical spine radiculopathy, and cervical spine herniated nucleus pulposus. Treatment to date has included left shoulder arthroscopic surgery on 11/01/2013, diagnostics (Cervical MRI 8/21/14 revealed small 2-3 mm right-sided C6-7 disc protrusion), physical therapy, home exercise, and medications. Evaluation on 17 Feb 2015 documented the injured worker complained of cervical pain, rated 2/10, numbness in his left thumb and decreased grip strength in his left hand. He also reported flare-ups of pain, rated 7-8/10. The pain was relieved with rest and he was documented as currently not taking medications. It further documented that epidural steroid injections were previously recommended but declined by the injured worker, as he desired conservative treatment. Exam showed decreased cervical range of motion and tenderness on palpation of cervical paraspinal muscles. The treatment plan included acupuncture, Medrol Dosepak, Naproxen, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46.

Decision rationale: Transforaminal selective nerve root block is a specialized form of epidural steroid injection in that it injects the medication directly into the area of the isolated spinal nerve roots. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment (defined as exercise, physical medicine, NSAIDS and muscle relaxants). This patient has neither CRPS nor imaging studies that show nerve impingement. Since exam is suggestive of a neuropathic origin to the patient's symptoms, electromyography (EMG/NCV) and sensory-evoked potentials (SEPs) would help resolve the question of the origin of the pain and help direct therapy. At this point in the care of this patient a nerve root block is not medically indicated.