MAXIMUS Federal Services

Case Number:	CM15-0059919		
Date Assigned:	04/06/2015	Date of Injury:	12/19/2014
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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, New York, 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 applicant is a represented 29-year-old who has filed a claim for neck pain reportedly associated with an industrial injury of December 19, 2014. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve a request for a repeat nerve root block at C5-C6. A RFA form received on February 26, 2015 was referenced in the determination, as was a progress note dated February 19, 2015. The claims administrator did frame the request as a request for a repeat epidural steroid injection. The applicant's attorney subsequently appealed. In a RFA form dated February 24, 2015, repeat nerve root block was proposed at the C5-C6 level. In an associated progress note dated February 19, 2015, the applicant was described as one week removed from an earlier cervical epidural steroid injection. Only fleeting relief for two days was reported. The applicant's pain complaints had then recurred. Some weakness about the right biceps with hyposensorium about the right C6 distribution was appreciated. A second nerve block was proposed. The applicant was given work restrictions of sedentary work only, although it did not appear that the applicant was working with said limitation in place. The previous block had apparently been performed on February 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Nerve Root Block, Cervical C5-C6: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: No, the request for a repeat nerve root block at C5-C6 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, pages 175, cervical epidural steroid injection are of "uncertain benefit" and should be reserved for applicants who would otherwise undergo open surgical procedures for nerve root compromise. Here, the applicant had already received one prior cervical epidural steroid injection/cervical nerve block, despite the tepid ACOEM position on the same. The applicant had, however, failed to demonstrate lasting benefit or functional improvement through the same. Rather proscriptive limitations of sedentary work only were evident on the February 19, 2015 progress note on which repeat cervical epidural steroid injection therapy was endorsed. The applicant had received only fleeting pain relief on the order of approximately two days with the prior block. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of one prior cervical nerve root block. Therefore, the request for a repeat cervical nerve root block was not medically necessary.