

Case Number:	CM14-0121516		
Date Assigned:	08/06/2014	Date of Injury:	12/10/2008
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 20, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; opioid therapy; earlier cervical fusion surgery; unspecified amounts of physical therapy over the life of the claim; and an H-Wave device. In a Utilization Review Report dated July 11, 2014, the claims administrator denied a request for right C6 selective nerve root block (aka epidural steroid injection). The claims administrator's rationale was quite sparse. It was not stated whether the request was a repeat request versus a first-time request. The applicant's attorney subsequently appealed. An electrodiagnostic testing of June 13, 2014 was notable for a right C8 radiculopathy with superimposed moderate-to-severe ulnar neuropathy. In a June 30, 2014 progress note, the applicant reported persistent complaints of neck pain with numbness about the right hand, 9/10. The applicant was using Motrin, Prilosec, Lyrica, and oxycodone, it was stated. Diminished grip strength was noted about the right hand versus the left. A C6 selective nerve root block was endorsed. It was stated that an open spinal cord stimulator trial would be considered if this failed. It appears that the attending provider apparently sought electrodiagnostic testing on a progress note dated May 20, 2014, owing to the applicant's worsening right upper extremity radicular complaints. In an earlier note dated January 21, 2014, the applicant apparently presented with persistent complaints of neck pain. The applicant was considering a spinal cord stimulator trial. It was stated that the applicant was status post earlier cervical fusion surgery, subsequent revision, removal of hardware, and had received multiple selective nerve root blocks and hardware blocks at various points over the course of the claim. The applicant did not appear to be working with permanent limitations in place, it was noted. An

H-Wave device was endorsed. The applicant was using Lyrica, Norco, Motrin, Prilosec, and Celexa, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C-6 selective nerve root block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, (updated 5/30/14), ESIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: The request in question represents a request for a repeat selective nerve root block (aka epidural steroid injection). As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat blocks should be predicated on evidence of lasting benefit and/or functional improvement with earlier blocks. In this case, the applicant is seemingly off of work with permanent limitations in place. The earlier unspecified selective nerve root blocks have failed to curtail the applicant's dependence on opioid agents such as Norco or adjuvant medications such as Lyrica. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier epidural steroid injection therapy/selective nerve root blocks. Therefore, the request is not medically necessary.