

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0149696 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 09/27/2013 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 33 year old female with complaints of neck pain, right upper extremity pain. The date of injury is 9/27/13 and the mechanism of injury is pulling tension injury trying to catch a 250 pound patient falling off of a chair which led to her current symptoms. At the time of request for right C6 selective nerve root block, there is subjective (neck pain, burning right upper extremity pain) and objective (tenderness right neck, right trapezius, right rhomboid, positive spurling's maneuver right side provocative into digits 1,2 right hand) findings, imaging findings (Right Shoulder MRI 1/2/14 shows tendinosis supraspinatus, Cervical MRI purportedly normal), diagnoses (Right shoulder pain, Cervicalgia with radiation down right upper extremity), and treatment to date (medications, rest). Cervical epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In a recent Cochrane review, there was one study that reported improvement in pain and function at four weeks and also one year in individuals with chronic neck pain with radiation. Other reviews have reported moderate short-term and long-term evidence of success in managing cervical radiculopathy with interlaminar ESIs. Some have also reported moderate evidence of management of cervical nerve root pain using a transforaminal approach. A recent retrospective review of interlaminar cervical ESIs found that approximately two-thirds of patients with symptomatic cervical radiculopathy from disc herniation were able to avoid surgery for up to 1 year with treatment. Success rate was improved with earlier injection (< 100 days from diagnosis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6 selective nerve root block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck&Upper Back(Acute&Chronic), Epidural Steroid Injection(ESI)

Decision rationale: Per ODG, Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In a recent Cochrane review, there was one study that reported improvement in pain and function at four weeks and also one year in individuals with chronic neck pain with radiation. Other reviews have reported moderate short-term and long-term evidence of success in managing cervical radiculopathy with interlaminar ESIs. Some have also reported moderate evidence of management of cervical nerve root pain using a transforaminal approach. A recent retrospective review of interlaminar cervical ESIs found that approximately two-thirds of patients with symptomatic cervical radiculopathy from disc herniation were able to avoid surgery for up to 1 year with treatment. Success rate was improved with earlier injection (< 100 days from diagnosis). Therefore, the request for selective root Block C6 is medically necessary.