MAXIMUS Federal Services

Case Number:	CM14-0180495		
Date Assigned:	11/05/2014	Date of Injury:	12/28/2007
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 injured worker is a 36 year-old female who was injured on 12/28/08. She had pain of her right shoulder, trapezius, and occiput and had developed tendinitis of her right wrist. She had paresthesias of her third and fourth fingers. On exam, she had "good" range of motion and strength of her right upper extremity. She had "motorsensory intact." The results of the electrodiagnostic test cannot be read directly due to blurry copy. In one part of the chart, electrodiagnostic testing showed C5 pathology which coincides with the shoulder pathology. In a summary, the testing did not show any pathology. MRI does not show disc disease. She had pain down into the fingertips which indicated C7 nerve root pathology or even a peripheral of cubital tunnel or carpal tunnel but this was not corroborated by the electrodiagnostic testing. The electrodiagnostic testing, MRI, and clinical exam did not corroborate each other. She was diagnosed with cervical spine spondylosis, right shoulder impingement and cervical myelopathy. She had right shoulder arthroscopy with subacromial decompression, Mumford procedure, distal clavicle resection, and mini open subpectoralis biceps tenodesis. She was treated with physical therapy and anti-inflammatories. She had a cervical Epidurogram and epidural steroid block at C7-T1. The response to the injection is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical nerve root block at C5 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks Page(s): 55-56.

Decision rationale: The request is not medically necessary. According to the MTUS, nerve blocks are not recommended except when other treatments are contraindicated and must be done in conjunction with a rehabilitation program. The patient has exam findings, MRI and EMG/NCS findings that do not corroborate each other to point to clear nerve root pathology. Full neurological exam was not documented. The use of other treatment modalities, results of previous injection, and the use of other medications were not documented. It cannot be said that all other treatments are contraindicated. Therefore, the request is considered not medically necessary.