

Case Number:	CM14-0099360		
Date Assigned:	09/16/2014	Date of Injury:	07/20/2006
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine & Rehabilitation 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:

This is a 47-year-old male with a 7/20/06 date of injury; while fighting a suspect. The patient underwent C6-C7 cervical fusion in 2007. The patient underwent right selective nerve root injection at C6 on 7/3/14. The patient was seen on 7/1/14 with complaints of 5/10 neck pain radiating to the right shoulder and the right upper extremity in what is described as a C6 and C7 distribution. Exam findings revealed pain and tenderness to palpation in the C3-C7 region. The range of motion of the cervical spine was: anterior flexion 45 degrees, extension 55 degrees, left lateral rotation 55 degrees, left lateral flexion 30 degrees, right lateral flexion 45 degrees and right lateral rotation 65 degrees. Palpable trigger points were noted in the muscles of the head and neck. There was diffuse bilateral upper extremity weakness noted on neurologic exam, and decreased sensation over the right shoulder. Right biceps and triceps reflexes were diminished. The diagnosis is cervical disc disease with right cervical radiculitis, cervicalgia, brachial neuritis/radiculitis and pain in the shoulder. Reported 6/13/07 cervical spine MRI demonstrated, at C5-6, possible radicular impingement upon the right C6 nerve root; formal report not available for review. 9/8/14 cervical flex-ex views demonstrated anterior fusion at C6-7 and trace retrolisthesis at C5-6. Treatment to date: medications, injections, massage, work restrictions and right selective nerve root injection at C6. An adverse determination was received on 6/11/14; because the response to previous cervical injections was not clearly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6 Selective Nerve Root Block (SNRB): 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 Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter and Other Medical Treatment Guideline or Medical Evidence: AMA Guides Radiculopathy

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The progress notes indicated that the patient underwent right selective nerve root injection at C6 on 7/3/14. However, there is also documentation that the patient underwent previous cervical injections. It remains unclear as to what injections were administered and what the objective functional improvement obtained with such injections was. While cervical MRI reports from 2006 and 2007 were referenced, the formal reports were not made available for review. There is no evidence that a more recent cervical MRI would have been obtained. Lastly, the patient's physical exam demonstrates neurologic deficits that are non-specific to the single C6 nerve root level, and it is unclear why a SNRB would be required to investigate the C6 nerve root specifically. Therefore, the request for C6 Selective Nerve Root Block was not medically necessary.