

Case Number:	CM14-0047213		
Date Assigned:	06/26/2015	Date of Injury:	11/12/2012
Decision Date:	07/27/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/15/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male with an industrial injury dated 11/12/2012. The injury is described as occurring while crawling into a money vault pulling out bags of coins requiring him to turn his head to the right multiple times. He developed neck pain that began radiating into his shoulder with numbness and tingling going down to his forearm and hand. His diagnoses included right cervical radiculopathy and pseudoarthrosis - cervical. Prior treatment included anterior cervical fusion, physical therapy, referral to urologist and pain medication. He presents on 02/17/2014 with complaints of neck and right arm pain with tingling, numbness and weakness. He rates the pain as 3-7/10 depending on his activities. He complains of numbness, loss of sensation over fingers and a sense of weakness. He states he is unable to carry things. He also states he did not feel any better after surgery. Physical exam noted slow walk with normal balance on his heel and toe. His neck showed left anterior scar healed. He had slight loss of neck range of motion in flexion, extension, lateral flexion and rotation about 20% of normal. He was moderately tender over the middle to lower cervical spine on the right side facet joints and transverse process with mild spasm. He was unable to abduct or flex his shoulder. Sensation was decreased over the cervical 5-6 and cervical 7 on the right side. He was currently not working. EMG of the right upper extremity (11/03/2013) was consistent with a mild right carpal tunnel syndrome. There was no evidence of ulnar neuropathy or radial neuropathy. MRI of cervical spine dated 12/30/2013 showed moderate degenerative joint disease at cervical 3-4, 4-5 and cervical 5-6, posterior central disc protrusion at cervical 2-3 and posterior central disc protrusion at cervical 3-4 and cervical 5-6. The treatment request is for cervical transforaminal selective nerve block right side cervical 5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical transforaminal selective nerve block right side C5-6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant sustained a work-related injury in November 2012 and underwent a C3-4 fusion which appears to have resulted in a pseudarthrosis. When seen, he was having right upper extremity radicular symptoms. There was disc space narrowing with osteophytes at C5-6. Revision surgery was being considered. A diagnostic selective nerve root block was requested as part of his operative planning. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, the claimant was having right upper extremity radicular symptoms below the level of the prior fusion and additional surgery was being considered. The requested selective nerve-root block was medically necessary.