

Case Number:	CM15-0125115		
Date Assigned:	07/09/2015	Date of Injury:	03/18/2015
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

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

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 52-year-old male, who sustained an industrial injury on 3/18/2015. Diagnoses include cervical strain with dense spasm in the left trapezius, left cervical radiculopathy, left shoulder impingement and C6-7 cervical stenosis. Treatment to date has included diagnostics including magnetic resonance imaging (magnetic resonance imaging (MRI) and conservative care including acupuncture, physical therapy, medications and epidural steroid injections. Per the Primary Treating Physician's orthopedic Spine Surgery Narrative Progress Report with request for Authorization dated 6/05/2015, the injured worker reported constant neck pain radiating into the mid scapular region rated in severity as 8/10 with medication and 10/10 without medication. Physical examination of the cervical spine revealed tenderness in the bilateral paraspinal region and over the mid scapular region. There was decreased sensation in the left C5 and C7 as well as over the right C6, C7 and C8 dermatomes. He received a left shoulder injection during this visit. The plan of care included acupuncture, pain management consultation, nerve root block, medication and reevaluation. Authorization was requested for a selective nerve root block left C4, C5 and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block left C4, C5 and C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Selective nerve root block left C4, C5 and C6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The MTUS states that in the therapeutic phase repeat blocks should be based on objective functional improvement, 50% pain relief, and a reduction of medication for 6-8 weeks post injection. The documentation is not clear on the patient's prior cervical injections and efficacy of these injections. The request for C4, C5, C6 selective nerve root blocks is not medically necessary.