MAXIMUS Federal Services

Case Number:	CM15-0090160		
Date Assigned:	05/14/2015	Date of Injury:	06/15/2001
Decision Date:	06/16/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/11/2015

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 44 year old male patient who sustained an industrial injury on 06/15/2001. A primary treating office visit dated 02/26/2011 reported the patient with subjective complaint of neck and shoulder pains; right greater. Objective findings showed decreased cervical range of motion. The treating diagnoses are: cervicogenic headache; degenerative disc disease, and cervical disc disease with myelopathy. The plan of care involved maintaining current medications, and follow up in 3 months. A progress report dated 09/26/2011 showed a chief complaint of neck pain radiating into shoulders; right side greater. He reports having good pain relief after administration of cervical facet blocks with note he was doing yard work and able to perform job duty satisfactory. Current medications are: Norco 10/325mg, OxyContin 10mg, Soma, and Aciphex. The patient continues working fulltime duty; he is deemed permanent and stationary. Prescriptions were given for both OxyContin 10mg #120, and Hydrocodone 10/325mg APAP #180. The plan of care noted the patient was to maintain current medication regimen, decrease the use of medication if possible, and follow up in 3 months. By 05/21/2012 there were no changes in the subjective, objective findings, medication regimen of the plan of care. A progress note dated 03/27/2012 also showed no changes in the plan of care, medication regimen, or any subjective or objective statements. He did undergo a magnetic resonance imaging study of cervical spine without contrast on 11/28/2014 that revealed at C6-7 moderate degenerative disc disease, mild spinal cord compression on a chronic basis, and severe left foraminal stenosis; C5-6 moderate degenerative disc disease and mild spinal cord compression; C3-4 moderate to severe degenerative disc disease and mild spinal canal stenosis,

and moderate to severe degenerative disc disease at C2-3, and C4-5. A progress report dated 01/22/2015 reported a chief complaint of neck pain radiating into shoulders, arms accompanied by numbness into fingers. Current medications are: Norco 10/325, OxyContin IR, soma, Omeprazole. There is no change in the treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right C7 selective nerve root block under fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: One right C7 selective nerve root block under fluoroscopy and sedation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective clear radiculopathy on physical exam that correlates specifically with the request for a C7 selective nerve root block. Therefore, the request for epidural steroid injection is not medically necessary.