

<b>Case Number:</b>	CM13-0026683		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/03/2000
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty certificate in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 50-year-old male presenting with neck pain and extremity pain following a work related injury on 05/03/2000. The claimant reports that the pain is constant and localized to the bilateral anterior neck, lateral, posterior neck, bilateral shoulder, arm and bilateral upper back. The pain is described as aching, burning, discomforting, piercing, sharp, shooting, stabbing, throbbing, deep, and numbness. The pain is aggravated by bending, climbing stairs, coughing, flexion, lifting, prolonged sitting, pushing, running, sneezing, standing, twisting and walking. The pain is relieved with rest. The physical exam was significant for tenderness in the bilateral shoulders, decreased sensation in nondermatomal distribution, and active painful range of motion. MRI of the cervical spine was significant for disc bulges at C3-4 and C5-6. Electromyography (EMG)/ Nerve conduction velocity (NCV) testing was significant for moderate bilateral carpal tunnel syndrome and no evidence of cervical radiculopathy. The claimant was diagnosed with derangement of posterior horn of medial meniscus, carpal tunnel syndrome, myositis and myalgia, chronic pain due to trauma, cervical radiculopathy, abnormal gait, obesity, cervical spondylosis without myelopathy and enthesopathy of the knee. The claimant's relevant medications include Norco and Opana. The claimant has tried a C5 transforaminal epidural steroid injection on 7/28/2011 with temporary relief but then presented later with worsened neck pain. The claimant also completed a number of sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral selective nerve root block at the levels of C3, C4 and C5 under IV sedation (between 8/26/2013 and 10/10/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Epidural steroid injections (ESIs).

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

**Decision rationale:** The California MTUS states, "The purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ... No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and diagnostic imaging does not corroborate cervical radiculopathy for which the procedure was requested. Additionally, he had a previous epidural steroid injection without documentation of at least 50% reduction in pain. The requested service is therefore not medically necessary