

<b>Case Number:</b>	CM14-0007225		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	09/12/1996
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in New York and Texas. 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:

The injured worker is a 76 year old female who reported an injury to her neck on September 12, 1996. A clinical note dated 11/06/13 indicated the injured worker complaining of neck pain radiating to bilateral arms, wrists, and hands. The injured worker utilized Norco for ongoing pain relief. Upon exam tenderness to palpation was identified at bilateral wrists. The injured worker demonstrated range of motion deficits in all directions of the neck. The injured worker demonstrated 4+/5 strength at extensor hallucis longus (EHL) and tibialis anterior. The injured worker was identified having significant clinical findings of bilateral carpal tunnel syndrome symptoms. The injured worker was recommended for C6-7 selective nerve root block on the right. Clinical note dated 01/08/14 indicated the injured worker had positive findings on electrodiagnostic study (EMG/NCV) confirming chronic bilateral C6 and C7 radiculopathy. Clinical note dated 08/21/12 indicated the injured worker had positive Spurling maneuver. Clinical note dated 08/14/13 indicated the injured worker undergoing right sided C5-6 and C6-7 transforaminal epidural steroid injections which provided 50% neck pain relief on 06/27/13. Electrodiagnostic studies on 09/18/12 confirmed the six C6 and C7 radiculopathy bilaterally. Procedure note dated 04/04/13 indicated the injured worker undergoing epidural steroid injections at two levels in L4-5 and L5-S1. Procedure note dated 06/27/13 indicated the injured worker undergoing epidural steroid injections in the neck. The previous utilization review dated 11/21/13 resulted in a denial as no information was submitted confirming completion of any conservative treatment addressing cervical complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC CERVICAL SELECTIVE NERVE ROOT BLOCK FOR LEVELS C6-C7, UNDER FLUOROSCOPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS: ACOEM (AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE) 2ND EDITION, CERVICAL AND THORACIC SPINE DISORDERS; TABLE 2,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Diagnostic Epidural Steroid Injections.

**Decision rationale:** Clinical documentation indicates the injured worker complaining of neck pain radiating to bilateral upper extremities. Electrodiagnostic studies confirmed C6 and C7 radiculopathy. Diagnostic epidural injections are indicated following a full course of conservative treatment. There is an indication the injured worker previously underwent epidural steroid injections with a 50% reduction in pain. However, these injections took place over more than one year ago. Therefore, it would be reasonable for the injured worker to undergo a course of conservative treatment addressing cervical plans. No information was submitted regarding recent completion of any conservative treatment. Given this, the request is not indicated as medically necessary.