

<b>Case Number:</b>	CM14-0105682		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/07/1998
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 08/07/1998. The mechanism of injury was not specifically stated. The current diagnoses include cervical spondylosis and cervical degeneration. The injured worker was evaluated on 06/10/2014 with complaints of chronic neck pain. Previous conservative treatment was not mentioned on that date. The injured worker also reported severe spasm with radiating symptoms into the bilateral upper extremities. Physical examination revealed a sensory deficit at C7, paraspinal spasm, limited range of motion and normal motor strength. Treatment recommendations included a C6-7 epidural injection and physical therapy twice per week for 6 weeks. A Request for Authorization form was then submitted on that date for physical therapy and a selective nerve root block at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Selective Nerve Root Block at C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no documentation of a positive Spurling's test or motor weakness in the upper extremities. There is no mention of an exhaustion of conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. Based on the clinical information received, the request is not medically necessary.