

<b>Case Number:</b>	CM14-0125130		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Texas and Oklahoma. 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 59-year-old male who reported an injury on 08/19/2010. The mechanism of injury was continuous trauma. His diagnoses include status post C5-6 fusion, cervical facet arthropathy, and moderate right foraminal stenosis at C3-4 and C5-6. His past treatments were noted to include facet injections and radiofrequency ablation at unspecified levels and medications. An MRI of the cervical spine performed on 04/10/2014 revealed normal findings at C2-3 and a posterior disc/osteophyte complex at C3-4 resulting in narrowing of the right neural foramen. His surgical history includes a cervical fusion on an unspecified date. On 06/20/2014, the injured worker presented with complaints of neck pain and headache. He described right-sided posterior neck pain with radiation into the back of his head causing daily headaches over the occipital area and in the temporal and parietal areas. He also reported occasional shooting pain down his arms and hands, more so on the right, with subjective sensory loss in his fingers. He rated his neck pain at 8/10. The physical examination findings included decreased sensation over the C4 and C5 dermatomal distribution bilaterally, normal motor strength bilaterally, and normal reflexes bilaterally. His medications included omeprazole, topiramate, tramadol, zolpidem, Maxalt, hydrocodone, Celebrex, and Tylenol. The treatment plan included a pain management consultation with right C2-3 selective nerve root blocks. A clear rationale for this recommendation was not provided. The Request for Authorization form was submitted on 06/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C2-3, C3-4 Selective Nerve Root Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

**Decision rationale:** The request is non-certified. According to the California MTUS Guidelines, epidural steroid injections may be recommended when radiculopathy is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, after the failure of initially recommended conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. The clinical information submitted for review indicated that the patient has been treated with medications. However, the documentation did not show specific evidence that the patient had failed exercise, physical therapy, NSAIDs, and muscle relaxants. In addition, his treating provider indicated that an MRI revealed evidence of neural foraminal narrowing at the C4 level on the right, but no pathology at the C2-3 level. However, the MRI report was not provided to verify these findings. The injured worker was noted to have decreased sensation in a C4 and C5 distribution bilaterally. However, there was no documentation showing neurological deficits at the C2-3 level. Therefore, while a selective nerve root block may be supported for the right C3-4 level, in the absence of the MRI report, as well as neurological deficits and diagnostic testing showing evidence of radiculopathy at the right C2-3 level, a selective nerve root block is not supported at this level. In addition, clear documentation is needed showing that the injured worker failed initially recommended conservative treatment. For the reasons noted above, the request is non-certified.