

<b>Case Number:</b>	CM14-0051200		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 is licensed to practice in Nevada. 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 47 year-old male who was reportedly injured on 6/3/2013. The mechanism of injury is noted as a ceiling tile falling on his head while working in the grill area. The most recent progress note dated 5/22/2014, indicates that there are ongoing complaints of neck pain and headaches. Physical examination demonstrated cervical stiffness and tenderness to palpation; pain with cervical spine extension and left/right lateral rotation; motor strength 4/5, otherwise normal; decrease pinprick sensation in right C5-C7 segments; deep tendon reflexes 2 in upper/lower extremities bilaterally. Magnetic resonance image (MRI) of the cervical spine dated 4/3/2014 demonstrated two 2mm disk protrusions abutting the spinal cord without nerve root impingement at C3-C4 and C4-C5, mild anterior spurring at C5-C6, and a 1mm disk protrusion at C7-T1 without nerve root impingement. MRI of the thoracic spine dated 4/3/2014 showed no significant abnormality. Electromyogram/nerve conduction velocity study of the upper extremities dated 3/31/2014 showed moderate left median motor neuropathy at the wrist. Diagnosis of cervical radiculopathy and headache. Previous treatment includes chiropractic treatment, acupuncture, home exercises and medications. A request was made for cervical selective nerve root block C4-C7 and was denied in the utilization review on 4/8/2014.

### 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 C4-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of foraminal stenosis within the cervical spine on the magnetic resonance image. As such, the requested procedure not considered medically necessary.