

<b>Case Number:</b>	CM14-0075224		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/19/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 63 year old with an injury date on 3/19/07. The patient complains of left cervical radicular pain and symptoms per 4/10/14 report. Per the report dated, 04/10/2014 the patient had a right C6-C7 selective nerve root block 3 weeks ago with 50% improvement of pain in right arm. The patient's diagnoses include cervical spine disease with multiple level laminectomy and fusions as well as foraminal stenosis, right cervical radiculitis significantly improved with cervical transforaminal injections, and left cervical radicular pain and symptoms most prominent in the C5, C6 and C7 distributions. The examination showed "decreased sensation in the left C5, C6, and C7 distribution with decreased motor strength on the left side." The treater requested a left C5, C6, and C7 selective nerve root block under fluoroscopy. The utilization review determination being challenged is dated 4/24/14 and modifies request to 2 nerve root levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C5, C6 and C7 selective nerve root block under fluoroscopy.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, Regional sympathetic blocks Page(s): 39-40, 40-41, 103-104.

**Decision rationale:** This patient presents with left upper extremity pain and is status post multiple level cervical decompressions with laminectomy and fusions along with multiple level foraminal stenosis. On 04/10/2014, the treater has asked for left C5, C6, and C7 selective nerve root block under fluoroscopy. It does not appear that the patient has had ESI's in the past. MTUS guidelines do not support more than two level transforaminal ESI and the current request is for 3 level injections. Furthermore, no MRI reports are provided that show nerve root lesion at these levels. As such, this request is not medically necessary.