

<b>Case Number:</b>	CM14-0209100		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 49 year old female with an injury date on 5/12/14. The patient complains of intermittent cervical spine pain with numbness/tingling on right arm and tingling on left arm per 11/20/14 report. The patient states that the pain radiating from the right side stopped after getting epidural injection, but now feels pain on left side of the neck per 11/20/14 report. The patient also has constant lumbar spine pain but denies numbness/tingling per 11/20/14 report. The patient describes C-spine pain as rated 7/10, and L-spine pain as rated 7-8/10, and also describes a radiating pain in her right buttock per 10/23/14 report. Based on the 11/20/14 progress report provided by the treating physician, the diagnoses are: 1. foraminal stenosis w/ radiculopathy, C-spine 2. DJD disc bulges w/ radiculopathy, lumbar spine 3. disc bulges, cervical spine. A physical exam on 11/20/14 showed "C-spine range of motion is slow but full in all planes. Pain radiates into the right proximal trapezial area on both flexion/extension of the head. Upper extremities have full range of motion in all planes." The patient's treatment history includes medications, epidural steroid injections, home exercise program. The treating physician is requesting selective nerve root block at C6-7 on left. The utilization review determination being challenged is dated 12/2/14. The requesting physician provided treatment reports from 6/6/14 to 11/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block at C6-7 on left: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections.

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

**Decision rationale:** This patient presents with neck pain, bilateral arm pain, back pain and right buttock pain. The treater has asked for SELECTIVE NERVE ROOT BLOCK AT C6-7 ON LEFT on 11/20/14. The patient had a C-spine MRI on 9/11/14 which showed 2mm disc bulge at C3-4 level causing mild right neuroforaminal stenosis, a 3mm disc protrusion at C4-5 causing moderate central canal and mild right neural foraminal stenosis, a 3mm disc protrusion at C5-6 causing moderate canal stenosis per utilization review letter dated 12/2/14. The patient appears to have had a prior cervical epidural steroid injection, as the treater states "the pain radiating from the right side stopped after getting epidural injection, but now feels pain on left side of the neck" per 11/20/14 report. As the 10/23/14 report does not mention a cervical epidural steroid injection, the patient had the injection sometime between 10/23/14 and 11/20/14. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient had a prior cervical epidural steroid injection between 10/23/14 and 11/20/14, with pain relief on the right side of the neck, but which brought on a new pain on the left side. As there was no documentation of the duration or level of pain relief from prior cervical epidural steroid injection, a repeat injection would not be indicated per MTUS guidelines. In addition, MTUS states: "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.