

<b>Case Number:</b>	CM15-0169008		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male who sustained an industrial injury on 7-9-11. A review of the medical records indicates that he is undergoing treatment for subdural hematoma with posttraumatic cognitive deficits, traumatic C5-6 disc herniation with (a) cervical myelopathy with myelopathic pain and right-sided weakness; (b) status post C5-6 anterior cervical discectomy and fusion; (c) postoperative dysphagia; (d) erectile dysfunction, depression, nasal septal abnormalities - status post sinus surgery, right ulnar three fingers flexion contractures, rule out bilateral ulnar neuropathy at the elbow, cervical spondylosis, cubital tunnel syndrome, and diabetes mellitus. Medical records (4- 24-15 to 7-29-15) indicate ongoing pain in both hands with a pain rating of "5-6 out of 10". The injured worker complained that the pain is "worsening". However, the pain rating has not changed. The physical exam on 4-24-15 indicates decreased range of motion in the cervical spine. The pain has affected his ability to cook for himself and exercise, reporting that exercise causes burning, pins and needles, pain and hand swelling (6-11-15, 7-29-15). He is not working. Diagnostic tests have included a cervical MRI and EMG-NCV testing (5-7-15, 6-3-15). His treatment has included oral medications, namely Gabapentin, home exercises, and massage. The request for authorization, dated 7-27-15, indicates a referral for right side selective nerve root block C6-7 and C7-T1. The utilization review (8-5-15) indicates denial of service, indicating that a pre-certification review of 7-29-15 "supported the requested surgical decompression procedure on the basis of failure of conservative care measures to provide sufficient symptoms modulation". It states that it is not medically necessary for a preoperative set of selective nerve root blocks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Referral for right side SNRB C6-7, C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections (selective nerve root block) for diagnostic purposes. No more than 2 levels should be injected at one time. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. In this case, the request is for three levels of ESI which exceeds the recommendation for no more than two levels of ESI. Additionally, the original UR denial was based on the fact that cervical decompression surgery was already approved and there is no need for ESI if surgical decompression is to be performed. For both these reasons, epidural steroid injection (selective nerve root block) is not medically indicated.