

<b>Case Number:</b>	CM15-0183101		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male, whose date of injury was August 20, 2008. The medical records (July 29, 2015) indicated the injured worker was treated for neck pain with radiation of pain and low back pain. His neck pain radiated to the bilateral upper extremities with numbness and tingling down to the fingertips and down between the shoulder blades. Flexion, extension and "staying stationary" aggravates his neck and tramadol helped his symptoms. His medication regimen included tramadol 50 mg and meloxicam 15 mg. On physical examination, the injured worker had tenderness to palpation of the right and left cervical paraspinal muscles with palpable spasm. He had midline spinous process tenderness and a limited range of motion. Cervical lordosis was maintained. He had pain upon flexion, extension, and any had movement. Diagnoses included post-traumatic cervical radiculopathy, post-traumatic neck pain with sprain-strain and symptoms consistent with displaced intervertebral discs and facet arthropathy. An MRI of the cervical spine on 5-26-2015 revealed a straightening of the normal cervical lordosis with degenerative changes of the cervical spine, C3-4 moderate right neural foraminal narrowing, C4-5 mild left neural foraminal narrowing, C5-6 intervertebral disc bulge with moderate bilateral neural foraminal narrowing and c6-7 intervertebral disc bulge with narrowing of the spinal canal and severe right with moderate left neural foraminal narrowing. A request for authorization for left C4-7 selective nerve root block date of service 8-27-2015 and right C4-7 selective nerve root block date of service 8-20-2015 was submitted. On August 19, 2015, the Utilization Review physician determined left C4-7 selective nerve root block date of service 8-27-2015 and right C4-7 selective nerve root block date of service 8-20-2015 were not appropriate and medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C4-7 SNRD DOS 8/27/15:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections, diagnostic.

**Decision rationale:** Recommended in selected cases as indicated below: Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain. The role of these blocks has narrowed with the advent of MRIs. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. (Sasso, 2005) (Datta, 2013) (Beynon, 2013) Indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Per the citation above, no more than 2 levels of blocks should be performed on one day. The request for greater than 2 levels is not medically necessary.

**Right C4-7 SNRB DOS 8/20/15:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections, diagnostic.

**Decision rationale:** Recommended in selected cases as indicated below: Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular

pain. The role of these blocks has narrowed with the advent of MRIs. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. (Sasso, 2005) (Datta, 2013) (Beynon, 2013) Indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Per the citation above, no more than 2 levels of blocks should be performed on one day. The request for greater than 2 levels is not medically necessary.