

<b>Case Number:</b>	CM15-0058658		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old female, who sustained an industrial injury on 10/27/2011. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, MRIs, trigger point injections, psychotherapy, cervical arthroplasty (07/27/2012) and lumbar arthroplasty (11/07/2012). Currently, the injured worker complains of neck pain, bilateral shoulder pain, and low back pain that radiates to the lower extremities. The diagnoses include cervical pain and shoulder pain. The treatment plan consisted of select nerve root block at left C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block, left C4-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

**Decision rationale:** MTUS Guidelines clearly do not support nerve root blocks for acute, subacute, or chronic cervical pain or for any radiating pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. The patient exhibits chronic symptoms of neck and bilateral shoulder pain. Submitted reports have no indication for failed conservative trial for this chronic October 2011 injury s/p surgical intervention. Criteria per Guidelines have not been met. The Selective nerve root block, left C4-5 is not medically necessary and appropriate.