

<b>Case Number:</b>	CM15-0059029		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/03/2015
<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 41-year-old male injured worker suffered an industrial injury on 06/25/2008. The diagnoses included cervical fusion, inguinal hernia and depression. The diagnostics included cervical magnetic resonance imaging, electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications. On 2/17/2015, the treating provider reported constant moderately severe neck pain 6/10 that radiated down to the left arm and constant moderate headaches 4 to 5/10. The treatment plan included Selective nerve root block left sided C6.

### 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 sided C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient presents with constant moderately severe neck pain 6/10 that radiated down to the left arm and constant moderate headaches 4 to 5/10. The request is for a selective nerve root block left sided c6. The provided RFA is dated 02/17/15 and the patient's date of injury is 06/25/08. The diagnoses included cervical fusion, inguinal hernia and depression. Per 02/17/15 report, physical examination to the cervical spine revealed limited range of motion with flexion at 35/50 degrees, extension at 25/50 degrees. Positive Spurling's test on the left side. There is sensory deficit noted over the left C6 dermatome. The left brachioradialis deep tendon reflex is absent. Treatment to date has included C6 selective nerve root block, physical therapy, home exercise, acupuncture and medications. The patient is working full duty. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" Injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections." Per 02/17/15 report, treater requests for a nerve root block at left C6 and states, "The patient previously had a left C6 selective nerve root block on 07/22/14. He states he had 70-75% improvement for approximately 2-3 months following." Repeat blocks should 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. There are no discussions relating to increased functional improvements or pain reduction as a result of the first injection. A report of the MRI was provided but it's blurred and illegible. In this case, the request for a repeat ESI is not in accordance with the guidelines. The request is not medically necessary.