

<b>Case Number:</b>	CM14-0140831		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/22/1988
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49 year old employee with date of injury of 3/22/1988. Medical records indicate the patient is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, unspecified; cervicobrachial syndrome (diffuse); neck pain on right side; pain in lower back; LBP radiating to left leg; brachial neuritis or radiculitis NOS and muscle spasm. She has a history of thoracic outlet syndrome, status post a right rib resection. Subjective complaints include right sided flank pain and tenderness. She rates her pain as a 5/10 in the neck and shoulder. She occasionally takes Vicodin for pain. Objective findings include s/p left L5 and S1 SNRB on 7/29/13 with 90% improvement in pain and improvements in function. She is also s/p right C6 and C7 SNRB on 8/13/2012 with 70% improvement in her pain until recently. An MRI (no date) of the cervical and lumbar spine showed disk herniation at C5-6 and C6-7 of the cervical spine as well as a central disk protrusion at L5-S1. She's had TPI in the cervical and lumbar region with 90% improvement in the past. Her range of motion (ROM) of the cervical spine is: flexion, 35 degrees; extension 30, right side rotation, 50, left side, 60. In the right C6-C7 distribution she has a positive Spurling's test. There is 5-/5 strength right elbow and wrist extension. The right shoulder has no impingement sign. There is palpable muscle across the right paracervical and upper trapezius region. There is tenderness of the right parathoracic region and decreased sensation of the lateral thoracic region in the right T6 7 8 region. The lumbar spine shows tenderness at the lower lumbar spine with trigger points bilaterally at the paralumbar region. There is a positive straight leg raise on the left at 60 degrees. There is decreased sensation in the L5-S1 distribution. There is tenderness over the facet joints and the left piriformis muscle. Treatment has consisted of pool therapy, trigger point injections to the paracervical and middle upper trapezius muscles, treadmill, home exercise, Hydrocodone-Acetaminophen, Ibuprofen, Lidocaine 5% patch, Metformin, olopatadine drops, Prednisolone

Acetate 1% op drops, Simvastatin, Topiramate, and Tramadol. The utilization review determination was rendered on 7/5/2014 recommending non-certification of 1 selective nerve root block.

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

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

**1 selective nerve root block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidur.

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

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."The medical documents provided show that the patient got 60%-70% improvement from a nerve root block on 8/13/12. The patient continues to have neck pain and pain that radiates to both hands. Based on the success of the previous injection, another injection with the use of fluoroscopy is reasonable. However, the use of sedation is not standard practice and the treating physician did not detail a medical rationale for the use of sedation. As such, the request for 1 selective nerve root block is not medically necessary.