

<b>Case Number:</b>	CM14-0140864		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/08/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 60-year-old male who reported an injury on 12/10/2007 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his cervical spine. The injured worker's treatment history included cervical epidural steroid injections with the most recent being on 09/25/2013 to the C6-7 level with 65% improvement in pain. The injured worker was evaluated on 07/11/2014. It was documented that the injured worker had cervical spine restricted range of motion secondary to pain with a positive right sided Spurling's test with decreased sensation in the right C6-7 distribution. The injured worker's medications included Norco 10/325 mg 1 every 8 hours. The injured worker's diagnoses included cervical facet syndrome, cervical spondylosis without myelopathy, cervical degenerative disc disease at the C5-6 and C6-7, cervical radiculitis, and muscle spasming with trigger points. The injured worker's treatment plan included a selective nerve root block at the C6-7 for the left side. No Request for Authorization form was submitted to support the request. The injured worker was again evaluated on 09/03/2014. No new clinical information was provided during that examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C6-C7 Selective Nerve Root Block X 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Left C6-C7 Selective Nerve Root Block X 1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends repeat blocks be based on at least a 50% reduction in pain with documentation of significant functional improvement for at least 4 to 6 weeks. The clinical documentation submitted for review does indicate that the injured worker underwent a left selective nerve root block at the C6-7 on 07/31/2013. However, no quantifiable measures were provided to support the efficacy of that injection. Additionally, there was no documentation of functional benefit or medication reduction resulting from that injection. The injured worker's most recent clinical evaluation indicates that the injured worker has right sided radicular symptoms. Therefore, a left sided injection would not be supported. Given that the requested left sided injection inconsistent with injured worker's clinical presentation, a selective nerve root block would not be supported in this clinical situation. As such, the requested Left C6-C7 Selective Nerve Root Block X 1 is not medically necessary or appropriate.