

<b>Case Number:</b>	CM14-0094759		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 is a patient with a date of injury of November 16, 2012. A utilization review determination dated May 9, 2014 recommends non-certification for a selective nerve root block on the right at C6-7. Non-certification was recommended due to lack of clarity regarding the diagnosis of cervical radiculopathy. A progress note dated December 16, 2013 indicates that the patient has completed 6 sessions of physical therapy with not much gain. He is currently using Subsys for pain control. The pain is rated as 3/10 and is present in the cervical spine and base of the skull. The patient has undergone medication, traction, exercise, tens, and an anterior cervical fusion on March 13, 2013. Physical examination reveals painful cervical range of motion testing, negative Spurling's test, normal motor examination, and normal reflex examination. Diagnoses include cervical post laminectomy syndrome and brachial neuritis/radiculitis not otherwise specified. The treatment plan recommends an injection of the epidural space for diagnostic and therapeutic reasons. A progress note dated April 3, 2014 identifies subjective complaints indicating that the patient is status post cervical trigger point injections which helped significantly for the last few weeks. A review of records includes a cervical spine MRI dated January 17, 2013 which shows severe bilateral foraminal stenosis at C3-4, C4-5, C5-6, and C6-7. Physical examination findings reveal restricted and painful cervical range of motion, normal motor examination, and normal reflex examination. The diagnoses include post laminectomy syndrome of the cervical spine and brachial neuritis or radiculitis not otherwise specified. The treatment plan recommends continuing medication, perform trigger point injections, and consider epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective Nerve Block, Right C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** Regarding the request for Selective Nerve Block, Right C6-7, California MTUS cites that ESI/SNRB is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, at the proposed level. In the absence of such documentation, the currently requested Selective Nerve Block, Right C6-7 is not medically necessary.