

<b>Case Number:</b>	CM14-0099507		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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 55-year-old female who reported an injury on 06/29/2004. The injured worker was evaluated on 05/15/2014. It was noted that the injured worker had continued cervical spine pain for approximately 10 years. Physical findings included decreased cervical spinal range of motion secondary to pain with severe tenderness and spasming and numbness at the C3, C4, C5 and C6 region. The clinical documentation indicated that the injured worker had 5/5 motor strength of the bilateral upper extremities with no decreased sensation and all reflexes within normal limits. The injured worker's diagnoses included cervical radiculitis/root compression, cervical spine pain and long term use of medications. The injured worker's treatment plan included continuation of Percocet and Fioricet and authorization for a right cervical transforaminal nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right cervical selective nerve root injection C2-C3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends epidural steroid injections to include selective nerve root blocks for injured workers who have significant clinical examination findings of radiculopathy consistent with nerve root pathology identified upon an imaging study. It is also recommended that the injured worker failed to respond to conservative treatment prior to administering an epidural steroid injection. The clinical documentation submitted for review does not provide any evidence that the injured worker has had any conservative treatment directed towards the cervical spine. Additionally, the clinical documentation submitted for review does not provide any evidence that the injured worker has any radicular findings upon examination. Furthermore, the submitted documentation did not provide an imaging study that identified nerve root pathology. Therefore, a selective nerve root injection would not be indicated in this clinical situation. As such, the requested right cervical selective nerve root injection at the C2-C3 is not medically necessary or appropriate.