

<b>Case Number:</b>	CM15-0117285		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 7/15/2010. Diagnoses include chronic pain syndrome, other constipation, lumbosacral neuritis, lumbar disc displacement, cervical radiculitis, disc degeneration NOS and fibromyalgia. Treatment to date has included medications including Norco, acupuncture, epidural steroid injections, physical therapy, trigger point injection, heat treatment and ice treatment. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported increased pain in her neck, thoracic spine and right knee. Headaches are a "low roar" and occur daily. She is requesting refills on her Norco 7.5/325mg, Without Norco she rates her pain as 10/10. Physical examination revealed 2+ reflexes, symmetric at the biceps, brachioradialis, triceps, patellar and Achilles. She has no motor deficits and is alert and oriented x 3. She is described as sitting comfortably and in no acute distress. The detailed physical examination of the cervical spine and UE was not specified in the records provided. The patient has had normal neurological examination. The plan of care included continuation of medications and a nerve block. Authorization was requested for cervical nerve root block/TFEST, Left C6 and C7. Patient had received ESIs for this injury. The medication list include Norco, Topamax, Omeprazole, Paxil and Estradiol. The patient has had MRI of the cervical spine on 11/16/2010. Any diagnostic imaging report was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Nerve Root Block/TFEST; Left C6 & C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Request: Cervical Nerve Root Block/TFEST; Left C6 & C7. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The detailed physical examination of the cervical spine and UE was not specified in the records provided. The patient has had normal neurological examination. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received ESI for this injury. Per the cited guidelines, 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 was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use , was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Cervical Nerve Root Block/TFESI; Left C6 & C7 is not medically necessary for this patient.