

<b>Case Number:</b>	CM15-0178113		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/19/2007
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, 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 64 year old male, who sustained an industrial injury on 3-19-07. The injured worker was diagnosed as having a history of multiple cervical spine surgeries, cervical failed spine surgery syndrome, multiple level cervical foraminal stenosis, and recurrence of bilateral cervical radiculopathy and radicular pain worse in the right C6 and C7 distributions. Treatment to date has included C3-6 fusion in 2008, intrathecal pump implantation, acupuncture, cervical transforaminal injections, and medication. Cervical transforaminal injections were noted to have been very helpful. Physical examination findings on 8-11-15 included abnormal neck movement in forward flexion and extension. Pain was radiating into the right upper extremity. Currently, the injured worker complains of neck pain and radicular pain. On 8-12-15, the treating physician requested authorization for cervical selective nerve root blocks at right C6 and C7 and post follow up. On 8-21-15, the requests were non-certified. Regarding the nerve root blocks, the utilization review (UR) physician noted "there is no evidence that other less risky techniques been tried or if this for surgical planning." Due to the nerve root blocks being non-certified, the follow up visit is also non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Selective Nerve Root Block-Right C6, C7 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Surgical Considerations, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** In this case, the claimant has undergone a prior laminectomy and has persistent radicular symptoms. The claimant's imaging also indicates prior fusion and stenosis. Since the aim was to reduce use of the pain pump and avoid further surgeries, the request for a selective nerve root block of the C6-C7 region is medically necessary and appropriate.

**Post Follow Up:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Since the nerve root block is appropriate, the follow-up post procedure is medically necessary.