

<b>Case Number:</b>	CM15-0095786		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female who sustained an industrial injury on 10/05/11. Initial complaints and diagnoses are not available. Treatments to date include medications, right shoulder surgery, and physical therapy. Diagnostic studies include a MRI of the cervical spine on 04/21/14 which showed a right foraminal disc protrusion with severe right foraminal stenosis and potential for impingement upon the exiting right C6 nerve root. Current complaints include unspecified cervical and radicular symptoms. Current diagnoses include internal derangement left knee and potential cervical radiculopathy. In a progress note dated 04/01/15 the treating provider reports the plan of care as a C6 nerve root block. The requested treatments include is a C6 nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6 Nerve Block:** Overturned

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

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

**Decision rationale:** The patient presents with cervical and radicular symptoms. The current request is for C6 nerve block. The treating physician report dated 4/1/15 states, "[The patient] has unchanged cervical and radicular symptoms in the upper extremities. The authorization for right C6 nerve block as recommended by [the] spine subspecialist is pending. Please authorize in compliance with labor code 4610(c) et. seq." (153B) The MTUS guidelines state: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the treating physician has noted "MRI of the cervical spine dated April 21, 2014 reveals a C5-C6 4 mm right foraminal disc protrusion with severe right foraminal stenosis and potential for impingement upon the right C6 nerve root. There is also a 1 mm degenerative anterolisthesis of the C4 and C5. In review of the results of these studies the undersigned is requesting an EMG to rule out radiculopathy." It was further noted that "EMG study dated July 8, 2014 of the bilateral upper extremities were unremarkable." The treating physician has noted Potential cervical radiculopathy as a diagnosis. Previous conservative treatments (physical therapy) have been attempted and failed. The patient has radicular complaints into the upper extremities, positive Spurling's maneuver and positive cervical MRI. Although the findings are not conclusive, it is more probable than not that the patient has radicular symptoms stemming from the C5/6 disc protrusion. As such, the current request is medically necessary and the recommendation is for authorization.