

<b>Case Number:</b>	CM14-0004539		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/11/1989
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 & Rehabilitation, 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:

The patient is a 55-year-old male who has filed a claim for high grade central stenosis of the thoracic and lumbar spine associated with an industrial injury date of October 11, 1989. Review of progress notes reports significant improvement of low back pain after thoracolumbar reconstruction surgery in July 31, 2013. There is mild discomfort, worse at times. Patient is able to walk 10 minutes without stopping. Patient reports right lower quadrant pain, with abdominal pathology ruled out. It is a possibility that this pain is due to referred pain from the lower thoracic spine. Of note, patient had gallbladder surgery in August 08, 2013. Treatment to date has included opioids, muscle relaxants, Ambien, cervical spinal surgery, and multiple back surgeries. Utilization review from January 08, 2014 denied the request for right-sided T9, T10, T11 selective nerve root block as documentation lacks evidence of radicular pain in a dermatomal distribution and significant examination findings in regard to the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SIDED T9, T10, T11 SELECTIVE NERVE ROOT BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Epidural steroid injections, diagnostic

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for diagnostic epidural steroid transforaminal injections include determination of the level of radicular pain when diagnostic imaging is ambiguous, and identification of origin of pain in patients with previous spinal surgery. No more than 2 levels of blocks should be performed on one day. The requesting physician notes that this request for further assessment of the possibility that the patient has foraminal stenosis of the thoracic spine and distal narrowing of the foramen. However, there are no findings to clearly suggest radiculopathy. Also, there is no documentation of the results of imaging. There is not enough information to support this procedure at this time. Therefore, the request for right-sided T9, T10, T11 selective nerve root block was not medically necessary.