

<b>Case Number:</b>	CM14-0004582		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 64-year-old male who was injured on April 15, 2013, when he was hip checked into a wall. The patient continued to experience pain in the thoracic spine interscapular area. Physical examination was notable for tenderness to palpation over the T4-6 area, mild thoracic spine pain with full cervical spine extension. MRI of the thoracic spine was negative for acute injury. Diagnoses included lumbar sprain/strain, thoracic sprain/strain, and paravertebral muscle spasm. Treatment included chiropractic therapy, medications, and modified activity. Request for authorization for thoracic epidural cortisone injection vs bilateral selective nerve block T5 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THORACIC EPIDURAL CORTISONE INJECTION VS. BILATERAL SELECTIVE NERVE BLOCK T5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating back symptoms and are of questionable merit. In this case, the patient is not experiencing radicular symptoms. MRI does not show cord or nerve root impingement. Medical necessity is not established.