

<b>Case Number:</b>	CM14-0169827		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on February 28, 2011. She has had persistent neck and thoracic pain. MRI on March 5, 2013 showed mild degenerative discogenic edema T9-10, small cavernous hemangioma T2 vertebral body and 1-2 mm disc protrusion at C5-6 and C6-7. Her diagnosis is thoracic spondylosis without myelopathy. She has had physical therapy, massage therapy, chiropractic treatment, and acupuncture all of which provided partial, brief temporary relief. Non-steroidal anti-inflammatory drugs (NSAIDs) have not provided adequate relief from pain. On April 24, 2014, she had right T5/6, T6/7, and T7/T8 transforaminal epidural steroid injection with 80% relief. The pain specialist who saw her again on July 16, 2014 and September 23, 2014 has recommended additional epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 request pain clinic referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck-Facet Joint Therapeutic Steroid Injection

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

**Decision rationale:** It is not clear from the record the indication for pain clinic referral but it is clear that epidural steroid injections was the plan of the pain clinic. Criteria for the use of epidural steroid injections includes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The record does not provide support for this indication for referral to pain clinic. If there was another indication for referral to pain clinic, it is not clear from the medical record. Therefore, this request is not medically necessary.