

<b>Case Number:</b>	CM14-0030699		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 and Rehabilitation and is licensed to practice in Texas and 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 injured worker is a 54-year-old male who reported an injury on 03/15/2013. The mechanism of injury involved heavy lifting. The injured worker is currently diagnosed with T8 radiculopathy and lumbar myofascial sprain. The injured worker was evaluated on 02/12/2014 with complaints of lower back symptoms. The physical examination revealed T8-9 paraspinous tenderness and spasm with limited range of motion and dysesthesia in the T9 nerve root distribution. The treatment recommendations at that time included a T8 nerve root block and a referral to a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T8 Nerve Root Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back Procedure Summary.

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. As per the documentation submitted, there is no evidence of thoracic radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for this review. There is also no mention of an exhaustion of conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

**Consultation with Pain Management Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty referral. A pain management consultation was requested along with a thoracic epidural injection. As the requested injection procedure has not been authorized, the associated request for a pain management consultation is also not medically necessary. Therefore, the request is not medically necessary.