

<b>Case Number:</b>	CM15-0048998		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 (IW) is a 67 year old female who sustained an industrial injury on 03/13/2000. She reported pain in the low back - "really bad" in the left sacroiliac joint. "Rotation hurts, and then relieves the pain." The injured worker was diagnosed as having C5-C6, 1-2 mm & C6-C7, 2-3 mm left protrusion with cord impingement, rule out non-union fusion at C5-C6; bilateral rotator cuff impingement; MRI Lumbar spine; L4-L5, 4mm herniated nucleus pulposus, facet degenerative joint disease at L5-S1, with electromyogram /nerve conduction studies- Lumbosacral Left S 1 radiculitis; electromyogram /nerve conduction studies - cervical spine, bilateral cubital tunnel left greater than right. Treatment to date has included chiropractic treatment and acupuncture. The IW had complaints of increased pain. Currently, the injured worker complains of pain in the low back and left sacroiliac joint. The treatment plan includes a SNRB (selective nerve root block) right T9 Injection for thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SNRB (selective nerve root block) right T9 Injection for thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "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." The medical records provided do not reveal a dermatomal distribution of pain as required by guidelines. As such, the request for SNRB (selective nerve root block) right T9 Injection for thoracic spine is not medically necessary.