

Case Number:	CM15-0119722		
Date Assigned:	06/30/2015	Date of Injury:	03/13/2000
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old female who sustained an industrial injury on 3/13/2000 resulting in radiating low back pain, and subsequently, she now complains of mid-back pain. As a result of MRI 9/15/2014, the injured worker has been diagnosed with T 8-9 herniated disk on the right side. Treatment for this complaint has included medication, which she reports provides temporary pain relief. The injured worker continues to present with pain symptoms. The treating physician's plan of care includes selective nerve block at right T8 - T9. Work status at present is not provided in provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block at Right Thoracic T8-T9: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, nerve joint diagnostic blocks, pages 601-602.

Decision rationale: Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, nerve injections/blocks are not recommended in patients who may exhibit radicular symptoms with identified spinal/neural foraminal stenosis and nerve impingement, and performed over 2 joint levels concurrently and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury of 2000. Submitted reports have not demonstrated support outside guidelines criteria. The Selective Nerve Root Block at Right Thoracic T8-T9 is not medically necessary.