

<b>Case Number:</b>	CM13-0012237		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 & Rehabilitation and is licensed to practice in California. 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:

A 8/5/13 progress note states that this is a 25 year old male patient with a 3/9/09 date of injury. The patient notes persisting and worsening low back and thoracic pain. An MRI of the thoracic spine 9/20/12 demonstrated a broad based central disc protrusion at T7-T8 6mm posteriorly effacing the ventral CSF space. He has been on Norco and Ibuprofen since the injury. He has participated in acupuncture, physical therapy, TENS unit, and has had an epidural injection. The record notes that on the last visit, Norco was discontinued as the patient had tested positive for amphetamines and THC. Examination revealed tenderness to palpation of the lumbar and thoracic spines. There is 5/5 muscle strength in bilateral lower extremities. Impression was chronic mid back pain secondary to thoracic degenerative disc disease, chronic low back pain, and lumbar facet arthropathy. The 8/7/13 authorization request form identifies a request for thoracic ESI under fluoroscopy. The patient is suffering from chronic low back pain with degenerative disc disease. Review of records indicates that the patient underwent bilateral thoracic transforaminal steroid injections 7/21/11, thoracic diagnostic medial branch blocks 11/10/11, and thoracic facet joint nerve radiofrequency ablation 1/26/12. A 2/1/13 note states that the patient had a thoracic ESI on 1/22/13 but so far he has not felt any benefit from the injection. There is an operative note from 1/22/13 which confirms that the patient underwent a thoracic epidural steroid injection at T7-T8 level. A 2/4/13 note states that he had a thoracic epidural injection which rendered him no relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THORACIC EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESIs Page(s): 46.

**Decision rationale:** CA MTUS states that repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. Review of records indicates that the patient previously underwent a thoracic ESI with no noted benefit. Without documentation of objective measures of benefit with lasting duration, the request is not medically necessary.