

<b>Case Number:</b>	CM13-0034063		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine 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 physician 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:

According to report dated 08/12/2013 by [REDACTED], patient presents with continuous mild back pain, rated 7/10, with radiation to bilateral hands with associated numbness and tingling. Examination showed improvement in ROM (Range Of Motion) in the thoracic spine. Forward flexion of 45/52, right rotation of 20/30 and left rotation of 20/30 with slight tenderness to palpation noted. It was noted that this patient is status post second epidural steroid injection at T7-8 dated 06/11/2013 "which showed an approximately 50% moderate improvement for four weeks." Treater is requesting a 3rd ESI (Epidural Steroid Injection) at T8, T9.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Third thoracic epidural steroid injection at the level of T8-T9:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** This patient presents with continuous mild back pain, rated 7/10, with radiation to bilateral hands with associated numbness and tingling. The treater is requesting a

3rd ESI (Epidural Steroid Injection) at T8-9. Medical records show patient received 50% improvement which lasted 4 weeks with last injection from 06/11/2013. None of the operative reports were included in the file for review. The MTUS guidelines have the following regarding ESI's(Epidural Steroid Injection), under its chronic pain section: Page 46, 47 states "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than two ESI (Epidural Steroid Injection). This is in contradiction to previous generally cited recommendations for a "series of three" ESIs (Epidural Steroid Injections)." The MTUS recommends no more than two injections and new research shows "less than two injections are required for a successful ESI outcome." Furthermore, the patient only experienced 50% reduction of pain lasting only 4 weeks with no documentation of functional improvement. The requested Third thoracic epidural steroid injection at the level of T8-T9 is not medically necessary and appropriate and recommendation is for denial.