

<b>Case Number:</b>	CM13-0044517		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 41-year-old male with reported injury date of 11/02/2012. The mechanism of injury was not provided. An operative report dated 11/02/2012 was noted to reveal that the injured worker received a left T4 and T5 transforaminal epidural steroid injection under fluoroscopy. A clinical note dated 11/16/2012 noted that the injured worker was being seen for a followup for his thoracic back pain. It was noted the injured worker reported less pain after the thoracic ESI, however it was noted that there was upper back spasms with no new numbness, tingling, or weakness. On physical examination, it was noted that the injured worker had tenderness to palpation over the thoracic musculature at the vertebral aspect of the left scapula at the rhomboid location with noted palpable trigger points. The Spurling's and Hoffmann's tests were negative bilaterally. It was noted that an MRI performed in 11/2012 revealed a broad based posterior disc osteophyte complex prominent at T3-4 and T4-5. The latest clinical note dated 09/20/2013 noted that the injured worker had continued complaints of mid back pain. It was noted the injured worker continued to need 5 to 6 tablets a day of Norco to help with pain relief and to maintain function and engagement of activities of daily living. On physical examination, there was tenderness to palpation over thoracic musculature at the vertebral aspect of the left scapula at the rhomboid location. The neuromuscular examination to upper extremities was within normal limits. There was tenderness and guarding noted to the left T4 and T5 dermatomal distributions. The Spurling's and Hoffmann's tests were negative bilaterally. Under the assessment portion of the note, it was noted that the previous left thoracic ESI performed on 11/02/2012 was quite efficacious in controlling symptoms and reducing opioid usage. Therefore, under the treatment plan it was noted that the physician continued to recommend epidural injection to the thoracic spine. The Request for Authorization form was not provided within the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LEFT T4-T5 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** 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 Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for a left T4-T5 transforaminal epidural steroid injection is non-certified. The California MTUS Guidelines state that epidural steroid injections may be recommended as an option for treatment of radicular pain if certain criteria is met. This criteria includes radiculopathy that is documented by physical examination and corroborated by imaging studies or electrodiagnostic testing, injured workers who are initially unresponsive to conservative treatment, injections should be performed under fluoroscopic guidance and repeat blocks should be based on continued objective documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In addition, the guidelines state that the purpose of epidural steroid injection is to reduce pain and inflammation, restore range of motion, thereby facilitating progress in more active treatment programs, and avoiding surgery. This request cannot be supported as there is lack of evidence that the prior epidural steroid injections provided objective pain and functional improvement to include at least 50% pain relief with associated reduction of medication use at least for 6 to 8 weeks. In addition, there is lack of evidence to suggest that this requested procedure is going to be used in conjunction with a either a self-directed home exercise program and/or physical therapy. Furthermore, there is lack of evidence provided for review that the injured worker has been unresponsive to other conservative care treatments to include exercise and physical therapy. Moreover, there is a lack of clear imaging and/or electrodiagnostic testing studies provided in the documentation that corroborate physical exam findings of radiculopathy. Therefore, this request is non-certified.