

<b>Case Number:</b>	CM13-0047589		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/2005
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and the District of Columbia. 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:

The patient is a 53-year-old male who weighs 300 lbs. He had a date of injury (Doi) of 8/26/05 and lumbar surgery in 2011. He has had multiple thoracic and lumbar CTs and MRI's. The thoracic studies showed no disc herniated nucleus pulposus (HNP); the lumbar showed bulges with possible right L5 root abutment. The last lumbar MRI was in 9/11 and the last thoracic CT was in 12/12. He had an electromyogram (EMG), which showed a right S1 radiculopathy. He was hospitalized in 2/13 for back pain and had thoracic and lumbar epidural steroid injections (ESIs) and a facet injection with no result documented. He was hospitalized for a week in 9/13 and had 18 ESIs done; no results documented. He has had back surgery proposed and denied. He was seen in 9/13 after his hospitalization. He had had a new thoracic and lumbar MRI done as an inpatient but no results are available. On exam he had no positive thoracic radicular findings at all and only reduced leg strength bilaterally. At issue for medical necessity is a request for injection (s) of diagnostic or therapeutic substance (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection (s) of diagnostic or therapeutic substance (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and PMID: 23615883 [PubMed - indexed for MEDLINE] Author information: (1)American Society of Interventional Pain Physicians. Journal: Pain Physician. 2013 Apr;16(2 Suppl):S49-283. Title: An update of comprehensive evidence-ba

**Decision rationale:** With respect to injection (s) of diagnostic or therapeutic substance (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, this procedure is not supported by CA-MTUS and ODG guidelines. According to the guidelines, the thoracic ESI is not medically necessary as the multiple thoracic studies showed no significant disc or nerve root pathology and the physical exam is devoid of any radicular findings. Also, the patient recently had 18 ESIs while hospitalized, so doing another one is not supported. The patient also had a repeat lumbar MRI while in the hospital so repeating this is not needed, as it was done less than a month ago. American Society of Interventional Pain Physicians state that with respect to thoracic Spine Epidural Injection, the evidence is limited for thoracic provocation discography and is good for diagnostic accuracy of thoracic facet joint nerve blocks with a criterion standard of at least 75% pain relief with controlled diagnostic blocks. The evidence is fair for thoracic epidural injections in managing thoracic pain. The evidence for therapeutic thoracic facet joint nerve blocks is fair, limited for radiofrequency neurotomy, and not available for thoracic intra-articular injections. IV. Implantables: The evidence is fair for spinal cord stimulation (SCS) in managing patients with failed back surgery syndrome (FBSS) and limited for implantable intrathecal drug administration systems. Based on the available evidence and clinical documentation, the request for injection (s) of diagnostic or therapeutic substance (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement is not medically necessary.