

<b>Case Number:</b>	CM13-0056479		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury with date of injury of 02/19/13. He had sustained a previous injury in June 2010 and had undergone an L3-4 lumbar fusion in 2011. His original injury was related to lifting boxes. He is being treated for ongoing thoracolumbar radiculitis. He was seen by the requesting provider on 08/29/13. He was having mid back pain. Physical examination findings included decreased spinal range of motion with negative straight leg raising and normal strength and reflexes. Norco, Colace, and Ambien were prescribed and urine drug screening was ordered. He was continued at temporary total disability. The plan references lumbar epidural injections. On 10/10/13, he had undergone two thoracic epidural injections. Physical examination findings were the presence of a healed surgical scar and decreased spinal range of motion. The treatment plan references proceeding with thoracic epidural injection #3 and a series of three. There is also reference to lumbar epidural injections. Norco was prescribed and urine drug screening results reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A THORACIC EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is now more than four years status post original injury and is being treated with diagnoses of thoracolumbar radiculitis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, there are no physical examination findings, such as decreased sensation in a dermatomal distribution, or reported imaging findings that support a diagnosis of thoracic level radiculopathy. Additionally, a series-of-3 injections in either the diagnostic or therapeutic phase is not recommended. Therefore, the requested thoracic epidural steroid injection is not medically necessary.