

<b>Case Number:</b>	CM14-0002103		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 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 patient is a 35-year-old male with a date of injury of 07/27/2010. The listed diagnoses per [REDACTED] are: 1. Lumbar discogenic disease. 2. Lumbar radiculopathy. 3. Thoracic HNP. According to progress report 09/23/2013, the patient reports continued pain across the lower back. She has received a thoracic epidural injection on 08/20/2013, and the patient feels "that the left side of the chest wall pain that he was having is improved." Examination revealed pain across the thoracic lumbar juncture and low back. The patient states that the pain is a 5/10 even during resting. He has continued discomfort with radiation in the left lower extremity across the L5 distribution. There is a decreased sensation across the L5 distribution, and straight leg raise is positive at 70 degrees. The treating physician states that the epidurals "did improve his pain, but now it is coming back." MRI of thoracic spine from 05/28/2013 revealed T5-T9 3.1-mm central focal disk protrusion, and T11-T12 Ligamentum Flavum Hypertrophy. The treating physician is requesting a repeat thoracic epidural steroid injection. Utilization review denied the request on 12/12/2013. Treatments reports from 03/12/2013 through 09/23/2013 were reviewed.

### 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 ACOEM.

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

**Decision rationale:** This patient presents with continued thoracic and lumbar spine pain. The treating physician is requesting a repeat thoracic epidural steroid injection. Review of the medical file indicates the patient underwent a selective thoracic epidural injection at T5-T6, T7-T8, and T8-T9 under fluoroscopy on 08/20/2013. The following progress report from 09/23/2013 indicates that the patient felt improvement from injection, but the pain has now returned. There is no good discussion regarding thoracic Epidural Steroid Injections in the guidelines. The MTUS guidelines has the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborated findings of radiculopathy." For repeat injections during therapeutic phase, "Recommended documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per year." In this case, MRI of the thoracic spine from 05/29/2013 did not reveal significant herniation or stenosis to warrant an ESI. Furthermore, the patient has had an initial injection with no documentation of functional improvement or decrease in medication. The treating physician has provided general statement that patient's pain was improved. MTUS requires documented 50% pain relief with associated medication reduction to consider a repeat injection. The request is not medically necessary and appropriate.