

<b>Case Number:</b>	CM14-0113010		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/29/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 55 year old male [REDACTED] worker with a date of injury of 10/29/2007. On 12/23/2013 there was bilateral tenderness at the 3rd, 4th and 5th chostochondral joints and the T7-T8 interspace. The upper and lower extremity exam was normal. There was no radiculopathy. On 04/07/2014 and 04/21/2014 there was pain on thoracic flexion and decreased range of motion. On 05/22/2014 there was tenderness to palpation of the costosternal margin. On 06/09/2014 there was mild tenderness to palpation of the costosternal margin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T7-T8 Epidural Steroid Injection, Fluoroscopy, With Anesthesiafor Cervical and Thoracic:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

**Decision rationale:** The patient has chest wall tenderness to palpation but there is no radiculopathy. The upper and lower extremities were normal. MTUS, Chronic pain, Epidural Steroid Injections note are recommended as options for radicular pain - defined as pain in a

dermatomal distribution with corroborative findings of radiculopathy. In the criteria for the use of epidural steroid injections the first criteria listed is that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation of radiculopathy and the requested ESI is not consistent with MTUS guidelines. Therefore the request is not medically necessary.