MAXIMUS Federal Services

| Case Number: | CM14-0155871 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 01/16/2013 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

## 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 Occupational Medicine 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 applicant is a represented [redacted] employee, who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of January 16, 2013. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for a 'thoracic epidural steroid injection at C6-C7.' The claims administrator then stated that the request in question represented a 'thoracic spine ESI at T6-T7' in another section of the report. The claims administrator stated there is no evidence of radiculopathy at the level in question. Cervical MRI imaging of March 31, 2014 was notable for multilevel low-grade disk bulges in the 1- to 2-mm range between C3 and C7, without evidence of central stenosis or neural foraminal narrowing. In a June 23, 2014 progress note, the applicant was given a prescription for Norco. Ongoing complaints of thumb and wrist pain were appreciated. In a July 11, 2014 progress note, the applicant continued Tylenol No. 3. Thoracic epidural steroid injection was recommended at the T6-T7 level. It was acknowledged that the applicant was no longer working. The applicant's primary complaints were those of neck pain, 8/10, it was stated. The applicant was using Tylenol with Codeine as well as unspecified topical compounds. There was no mention of radicular complaints in either the body of the report or in the review of systems section of the same.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection:** 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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** 1. No, the request for an epidural steroid injection [T6-T7] is not medically necessary, medically appropriate, or indicated here.The attending provider's progress notes suggested that the request in question is a request for an epidural steroid injection at the T6-T7 level. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option for treatment of radicular pain, this recommendation is qualified by further commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. In this case, however, there has been no corroboration of radicular complaints at the level in question, at T6-T7. The applicant does not appear to have any prior thoracic MRI imaging. The applicant's primary complains, per the requesting provider, moreover, are referable to the cervical spine, not the thoracic spine. It was not clearly stated why thoracic MRI imaging was sought at the level in question. It is further noted that the attending provider did not record any radicular complaints on the July 11, 2014, office visit on which the epidural in question was sought, implying that the applicant's complaints were predominantly axial in nature. Therefore, the request is not medically necessary.