

<b>Case Number:</b>	CM14-0032295		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 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 an employee of [REDACTED] and has filed a claim for a thoracic sprain associated with an industrial injury date of October 28, 2011. Treatment to date has included lumbar transforaminal epidural steroid injection, and opioid and non-opioid pain medications. A utilization review from February 17, 2014 denied the request for thoracic epidural steroid injection at T9-10 as there was no clinical radiculopathy and no thoracic MRI. Medical records from 2013 through 2014 were reviewed showing the patient mostly complaining of low back and hip pain for which epidural steroid injections in the lumbar area were given. The January 2014 progress note mentioned mid back pain complaints with a suggestion to undergo thoracic epidural steroid injection. Physical exam demonstrated thoracic spine musculature spasm with decreased range of motion. A neurological exam for the T9-T10 area was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THORACIC EPIDURAL STEROID INJECTION AT T9-10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections may be used for documented evidence of radiculopathy via physical exam and corroborated with diagnostic studies. The patient should also be initially unresponsive to conservative treatment measures such as physical therapy. In this case, the patient complains of mid back, low back, and hip pain. There was no documentation concerning physical therapy being given for the back. The physical exam did not demonstrate any neurological deficits concerning the requested levels. An imaging study was also not found in the documentation. Therefore, the request for thoracic epidural steroid injection at T9-10 is not medically necessary and appropriate.