

<b>Case Number:</b>	CM14-0048823		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Orthopedic Surgery 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 claimant is a 53-year-old female who was injured in a work related accident on 09/27/12. The clinical records provided for review documented current complaints of neck pain. The report of an MRI of the cervical spine on 08/27/13 revealed multilevel degenerative disc disease. There was no indication of acute compressive pathology at the C7-T1 level; there was also no indication of T1-T2 level findings. The clinical report of 03/11/14 noted continued cervical and thoracic pain most prominent at the C7-T2 level with muscle spasm, tenderness and tightness. Formal physical examination had previously shown restricted range of motion but no documentation of focal motor sensory reflexive change on examination. This review is for a two level transforaminal epidural injection at the C7-T1 and T1-T2 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic transforaminal steroid injection at levels C7-T1 and T1-T2 with fluroscopic guidance:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the request for thoracic transforaminal steroid injection at levels C7-T1 and T1-T2 with fluroscopic guidance cannot be recommended as medically necessary. The medical records provided for review do not contain any evidence of compressive pathology on imaging or objective findings on physical examination to support need for the injections. The Chronic Pain Guidelines reserves the role of epidural steroid injections for individuals who have concordant findings of radiculopathy on examination supported by compressive pathology on imaging or electrodiagnostic testing. Without the clinical correlation of compressive pathology at the C7-T2 level, the request for epidural injection in this case would not be supported.