

<b>Case Number:</b>	CM14-0081200		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/02/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and Washington. 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 injured worker is a 58-year-old female who reported an injury on 07/02/2001 caused by an unspecified mechanism. The injured worker's treatment history included medications, surgery, thoracic epidural injections, and intercostal nerve blocks. The injured worker was evaluated on 03/13/2014, and it was documented the injured worker complained of thoracic back pain and left chest wall pain. The provider noted the injured worker has had a long history of thoracic back pain with thoracic chest wall pain. The injured worker has had multiple surgeries and thoracotomy. The injured worker has been left with chronic pain. It was noted the injured worker was having an exacerbation of her usual pain and noted her pain level was at 6/10 to 8/10. The injured worker has had multiple thoracic epidurals in the past, as well as intercostal nerve blocks. This was the only efficacious way to provide long-term analgesia. Medications included Vicodin. Diagnoses included thoracic disc degenerative pain in the thoracic spine, backache, depressive disorder, scar, and fibrosis of the skin, venous insufficiency, sprain thoracic region, and chronic pain syndrome. The request for authorization was not submitted for this review. The rationale for epidural steroid injection was this was the only efficacious way to provide long-term analgesia for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment with Dr. [REDACTED] for Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Low Back Procedure Summary last updated 03/31/2014.

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

**Decision rationale:** The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESIs. There was lack of documentation of home exercise regimen, and pain medication management and outcome measurements for the injured worker. Additionally, the provider indicated the injured worker received a thoracic epidural steroid injection on 03/13/2014 however, there was no mentioned of functional improvement in activities of daily living or duration of improvement after receiving the injection. The provider failed to indicate injured worker long-term goals of treatment. The request failed to indicate date and location where the epidural steroid injection is required for the injured worker. Given the above, the request for decision for an evaluation and treatment with Dr. [REDACTED] for epidural steroid injection is not medical necessary.