

<b>Case Number:</b>	CM14-0184470		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Rehabilitation, has a subspecialty in Pain 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:

This is a patient of the date of injury of May 8, 2013. A Utilization Review determination dated October 28, 2014 recommended non-certification for a thoracic epidural injection T7-8, T8-9. Non-certification was recommended since the 1st injection only lasted one week with no indication of reduction in medication use or improved function and no corroboration of thoracic radiculopathy by imaging studies. A progress report dated March 18, 2014 identifies subjective complaints of pain in the thoracic spine as well as anteriorly where the rib cage meets the sternum. The note indicates that the patient has undergone a thoracic epidural injection performed at T8-9 with 80% relief of his posterior thoracic pain. Objective examination findings reveal subluxation of the costochondritis cartilage at the sternal articulation anteriorly. The patient has moderate to severe thoracic pain at the T8-9 level. Diagnoses include herniated nucleus pulposus T8-9 and traumatic injury to the costochondral cartilage at the articulation of the right rib cage and sternum. The treatment plan recommends a CT scan of the chest and repeat thoracic epidural injection. A progress report dated June 26, 2014 indicates that the patient had a thoracic epidural with approximately 60% relief. Objective examination findings reveal no neurologic deficits. The treatment plan recommends consultation with a surgeon for consideration of thoracic spine decompression. A CT scan of the chest dated May 9, 2014 identifies degenerative endplate changes at T7-T8 through T11-T12 with grade 1 retrolisthesis at T11-12 with moderate neural foraminal stenosis worse on the left. A progress report dated September 10, 2014 states that the patient underwent a thoracic Epidural Injection which "provided no lasting improvement." Physical examination reveals tenderness over T6, 7, 8 in the midline tenderness over the mid-costo sternal region to the right of midline. Future medical care recommends ongoing home exercise and medication. An undated surgical consultation states that

the patient had his 1st epidural in February 2014 with no relief of symptoms and a 2nd Epidural Injection which yielded 75% pain relief for about one week.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Thoracic Epidural Steroid Injection T7-8, T8-9: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for thoracic epidural steroid injection (ESI) at T7-8, T8-9 levels, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines do not recommend performing interlaminar epidural injections at more than one level at a time. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication that the patient's previous epidural injections improved his pain and function for at least 6 to 8 weeks, with associated reduction in medication use. Additionally, there are minimal findings supporting a diagnosis of thoracic radiculopathy on physical examination. Furthermore, guidelines do not support the use of more than 1 interlaminar epidural injection at a time. As such, the currently requested thoracic epidural steroid injection is not medically necessary.