

<b>Case Number:</b>	CM14-0192376		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 37 year old male who was injured on 3/25/2013 while lifting a garage door. He was diagnosed with thoracic strain, thoracic disc disease/radiculitis, myofascial pain, hemangioma of T10 vertebral body, and chronic mid-back pain. He was treated with chiropractor treatments, acupuncture, medication, and physical therapy. Nerve testing of the upper extremities from 9/17/2014 showed moderate C7-8 acute/chronic denervation and left-sided borderline carpal tunnel syndrome. The worker was seen by his primary treating physician on 10/31/14, when he complained of continual thoracic pain with radiation to left periscapular area, unchanged and rated 8-9/10 on the pain scale. He also reported left arm and hand numbness, particularly in digits 1, 2, and 3 with weakness of his left thumb. He also reports numbness of both legs, worse at night. Physical examination findings revealed height: 6 ft. 1 in., weight: 255 pounds, restricted range of motion of the cervical and thoracic spine, negative Spurling test, absent deep tendon reflexes at both biceps and triceps and 2+ at each patella as well as 1+ at each Achilles tendon. He was then recommended to continue acupuncture treatments, have an MRI scan of the cervical spine, occupational therapy, and a thoracic epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic ESI:** 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 Page(s): 46.

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. No more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, 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, and 8. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was not clear evidence of thoracic radiculopathy documented in the progress note at the time of this request. There also was not any imaging reports found in the documents provided for review which corroborate thoracic radiculopathy, which is required before consideration of any epidural injection. Also, no level was indicated in the request. Therefore, without this evidence of thoracic radiculopathy, the thoracic epidural will be considered as medically unnecessary.

**C-spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was incomplete objective physical findings and mixed results from the nerve testing to clearly suggest cervical nerve tissue insult. Subjective reports describe more of a

carpal tunnel syndrome pattern. Without this clear objective and subjective evidence to correspond, MRI imaging is not likely to be helpful and is not warranted or medically necessary.