

<b>Case Number:</b>	CM14-0198816		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Interventional Spine, 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 a 57-year-old female with an injury date of 06/04/12. Based on the 11/10/14 progress report, the patient complains of pain in the right thoracic spine, neck and right arm rated 9/10, along with weakness and numbness. Physical examination of the bilateral upper extremities on 11/10/14 reveals tenderness with palpation in the neck, thoracic spine and right arm and decreased range of motion. Deep palpation results in distal radiation of the pain. Patient is status post lumbar laminectomy 08/13/14 and relies on assistive device for ambulation. Patient is currently taking Norco, Neurontin, Cyclobenzaprine, Nabumetone, Hydrochlorothiazide, and Lisinopril per progress report of 11/10/14. Patient reports her pain improved greater than 50% with Norco, Celebrex, Gabapentin and Flexeril. Per progress report 11/10/14, treater is requesting a bilateral T7-T8 transforaminal epidural injection "in order to address the radicular component of their pain." Patient is working and cleared for full-time work with a modified schedule, and relies on an assistive device for ambulation. MRI Lumbar Spine 09/21/14 shows status post L4 and L5 laminectomy with a 2.8 cm fluid collection at the posterior margin of the thecal sac at L4, a 7 cm fluid collection in the posterior soft tissues between L3 and L5 and significant soft tissue edema or phlegmon, and minimal annular bulges at L3-L4 and L4-L5 causing no significant stenosis. XRay of the chest 09/24/14 reveals right-sided PICC line with tip overlying the right atrium. Recommendation is that it be pulled back approximately 4 cm. CT Chest 09/24/14 reveals cardiomegaly, mediastinal and hilar adenopathy is likely reactive and bilateral patchy ground glass opacities consistent with pneumonitis, small airways disease or pulmonary edema. Diagnosis 11/10/14- Lumbar or Lumbosacral Disc Degeneration- Thoracic / Lumbosacral Neuritis or Radiculitis Not Otherwise Specified- Encounter for Long-Term Use of Other Medications- Cervical Disc Degeneration- Obesity Diagnosis 08/29/14- Thoracic/Lumbosacral Neuritis Unsp- Spinal Stenosis, Lumb, with Neurogen Claud- Brachial

Neuritis Unsp- Spinal Stenosis Cervical Region The utilization review determination being challenged is dated 11/19/14. The rationale follows: 1) BILATERAL T7-T8 TRANSFORAMINAL EPIDURAL STEROID INJECTION: "epidural injection would not be appropriate because the patient's infection had not been completely cleared by infectious disease." 2) CONSULT WITH [REDACTED]: consult with [REDACTED], her back surgeon, was denied for the same reason above.

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

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

#### **Bilateral T7-T8 Transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** Patient presents with pain in the right thoracic spine, neck and right arm rated 9/10, along with weakness and numbness. The request is for BILATERAL T7-T8 TRANSFORAMINAL EPIDURAL STEROID INJECTION. Patient's diagnosis on 08/29/14 included thoracic/lumbosacral neuritis or radiculitis; cervical disc degeneration; and lumbar spinal stenosis, with neurogenic claudication. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination, and corroborated by imaging studies and/or electro diagnostic testing. 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." Per progress report dated 11/10/14, treater is requesting a bilateral T7-T8 transforaminal epidural injection "in order to address the radicular component of their pain." However, the dermatological distribution of T7-T8 does not radiate to the upper extremities. Physical examination does not address positive findings for thoracic symptoms, and there are no MRI findings from the thoracic spine, which corroborates T7-T8 symptoms, which have not been documented. CT of chest dated 09/24/14 does not substantiate the request according guidelines, either. The request does not meet MTUS indications; therefore, it is not medically necessary.

**Consult with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, ACOEM Guidelines page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** Patient presents with pain in the right thoracic spine, neck and right arm rated 9/10, along with weakness and numbness. The request is for a CONSULT WITH [REDACTED]. Patient's diagnosis on 08/29/14 included thoracic/lumbosacral neuritis or radiculitis; cervical disc degeneration; and lumbar spinal stenosis, with neurogenic claudication. Patient is working and cleared for full-time work with a modified schedule. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater does not explain why the consult is being requested, what [REDACTED] can offer this patient, and for what medical reason the consult is being requested. Without this discussion, the request cannot be considered. MTUS page 8 require that the treating physician provide monitoring of the patient's condition and make appropriate recommendations. The request is not medically necessary.