

<b>Case Number:</b>	CM15-0193808		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/25/2002
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 68 year old male sustained an industrial injury on 5-17-05. Documentation indicated that the injured worker was receiving treatment for multilevel thoracic spondylosis associated with intercostal radiculitis, lumbar spondylosis with multilevel degenerative disc disease, bilateral knee arthritis. Past medical history was significant for severe exogenous obesity and diabetes mellitus. Previous treatment included bilateral knee replacements, epidural steroid injections and medications. In a progress note dated 5-27-15, the injured worker reported that his middle back pain decreased by 50% following the last thoracic spine epidural steroid injection on 11-10-14. The injured worker also reported that he experienced a 35% decreased in low back pain as a result of the thoracic spine epidural steroid injection. The physician documented that the pain relief from thoracic epidural steroid injection on 11-10-14 was still holding for now. In a progress note dated 9-14-15, the injured worker reported that the middle back pain relief was wearing off and he wanted to undergo another thoracic spine epidural steroid injection. The injured worker stated that his thoracic spine, lumbar spine and bilateral knee pain had increased since his last visit. Physical exam was remarkable for thoracic spine with some mild increased kyphosis, "mild" tenderness to palpation to the upper spinous process and mid thoracic levels above the shoulder, "moderate plus" tenderness to palpation at the level of the shoulder blade and mild to moderate tenderness to palpation to the paraspinal musculature and bilateral ribs. The physician noted that the positive effects from previous thoracic spine epidural steroid injection lasted for several months but had now completely worn off. The treatment plan included requesting authorization for a thoracic epidural steroid injection and continuing medications (Norco, Ambien and Amoxicillin.) On 9-30-15, Utilization Review non-certified a request for one additional thoracic epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One additional thoracic epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Regarding the request for One additional thoracic epidural injection, 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 state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are recent subjective complaints of radicular pain and one would not expect to find any physical examination findings of radiculopathy for a thoracic radiculopathy. However, imaging corroboration is recommended by the CA MTUS and there is no MRI report included for review, the level requested is not documented, and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and objective functional improvement following the previous epidural injection. In the absence of such documentation, the currently requested One additional thoracic epidural injection is not medically necessary.