

<b>Case Number:</b>	CM15-0209275		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old female, who sustained an industrial-work injury on 5-18-11. She reported initial complaints of thoracic pain. The injured worker was diagnosed as having cervicalgia, shoulder glenoid labral tear, headache, right arm muscle weakness status post C5-6, C6-7 fusion in 6-2012, status left open capsular repair of reverse Hagi lesion, arthroscopic major debridement (rotator cuff and subacromial bursa) on 11-16-12, and T7-8 central herniated disc. Treatment to date has included medication, right T7-8 TFE on 9-23-15, EMG (electromyography), acupuncture, physical therapy, and chiropractic care. Currently, the injured worker complains of thoracic pain. There was 50% relief with injection. Medication included Vicodin. Per the primary physician's progress report (PR-2) on 10-2-15, exam noted back was normal and non-tender, tender with palpation in the paraspinals of mid thoracic spine on right from T6-T8, non-focal neurological exam and intact limbs for motor, sensory, and reflexes. Current plan of care includes thoracic TFE (Transforaminal epidural) for pain management. The Request for Authorization requested service to include Thoracic TFE (Transforaminal epidural) at right T7-T8. The Utilization Review on 10-12-15 denied the request for Thoracic TFE at right T7-T8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic TFE at right T7-T8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Epidural steroid injections (ESIs).

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

**Decision rationale:** Thoracic at right T7-T8 is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. The physical exam is not consistent with thoracic radicular pain; therefore, the requested service is not medically necessary.