

<b>Case Number:</b>	CM15-0045721		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/08/1993
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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  
 Certification(s)/Specialty: Family Practice

### 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 48 year old male, who sustained an industrial injury on November 8, 1993. He has reported lower back pain, right leg pain, neck pain and shoulder pain. Diagnoses have included thoracic or thoracolumbar degenerative disc disease, lumbar degenerative disc disease, and myofascial pain syndrome. Treatment to date has included medications, physical therapy, and thoracic spine epidural steroid injection. A progress note dated February 5, 2015 indicates a chief complaint of lower back pain radiating to the right leg, neck and shoulder. The treating physician documented a plan of care that included medications, continuation of physical therapy, thoracic spine epidural steroid injection, and follow up in four weeks. The medical record noted that the injured worker was having a hard time with physical therapy because of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESI #3 at T9-T10 under fluoroscopy with conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** According to guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Therefore, this request is not medically necessary.