

<b>Case Number:</b>	CM15-0052761		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 30 year old male who sustained an industrial injury on 02/27/2014. Current diagnosis includes thoracic or lumbar neuritis or radiculitis. Previous treatments included medication management, physical therapy, massage therapy, chiropractic therapy, and home exercise program. Diagnostic studies included MRI and x-rays. Initial complaints included back pain after a pallet of lumber fell on him. Report dated 02/17/2015 noted that the injured worker presented with complaints that included back pain with associated tingling, weakness, and spasm. Pain level was rated as 8-10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included refusal to do a urine toxicology screen, compound cream, request for epidural steroid injection for radicular type pain, recommendation for TENS unit, and physical therapy and massage therapy. Disputed treatment includes T6-7 thoracic epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T6-7 Thoracic epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Epidural Steroid Injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, thoracic epidural steroid injections at T6 - T7 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with a associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are thoracic pain; lumbar pain; LxSx; bilateral sacroiliac joint pain. Subjectively, in a progress note date February 14, 2015, the injured worker's complaint is a back workers compensation injury. The pain is constant, throbbing, shooting, aching and type. There is tingling, weakness and spasm. At its worst, VAS pain scale is 10/10, and on the average 8/10. There are no radicular symptoms in the subjective section. Objectively, documentation indicates there was facet joint tenderness at the thoracic spine. Range of motion is decreased due to pain. "The pain is radicular and follows the C6/C7 nerve root" distribution. The neurologic examination, however, indicates there is no appreciable change in sensory function. The motor examination is unremarkable. There are no objective findings of radiculopathy. An MRI thoracic spine on January 9, 2015 shows mild disc disorders at C3 - C4, T6 - T7 and C7 - T8. There was no significant central canal stenosis or cord compression identified. Reportedly, the injured worker failed physical therapy, massage therapy and chiropractic. Objectively, there was facet tenderness. Consequently, absent clinical documentation with objective evidence of radiculopathy and MRI corroboration, thoracic epidural steroid injection at T6 - T7 is not medically necessary.