

<b>Case Number:</b>	CM15-0059908		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 32 year old male, who sustained an industrial injury on 2/18/2014. The current diagnoses are thoracic herniated disc, thoracic spinal stenosis, and thoracic pain. According to the progress report dated 2/2/2015, the injured worker complains of stabbing mid-low back pain. The pain is rated 7-8/10 on a subjective pain scale. The current medications are Norco and Gabapentin. Treatment to date has included medication management, X-rays, MRI, physical therapy (not helped), massage (helped), heat/ice (helped), injection (not helped), and acupuncture (helped). Per notes, he underwent T8-T9 interlaminar epidural steroid injection under fluoroscopy guidance (11/25/2014) which was not helpful in alleviating his mid back pain. The plan of care includes T8-T9 interlaminar epidural steroid injections X2 for treatment of his thoracic pain, as he may benefit from undergoing additional T8-T9 interlaminar epidural steroid injections that are closer together.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T8-T9 Interlaminar Epidural Steroid Injection, quantity 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic thoracic pain. Treatments have included an epidural injection in November 2014 without improvement. Being requested is authorization for two additional repeat injections. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, a prior epidural steroid injection was of no benefit. Additionally, a series of injections in either the diagnostic or therapeutic phase is not recommended. Therefore, the requested repeat epidural steroid injections are not medically necessary.