

<b>Case Number:</b>	CM15-0080229		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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:

This 32-year-old male sustained an industrial injury on 2/18/14. He subsequently reported back pain. Diagnoses include thoracic herniated disc. Treatments to date include x-ray and MRI testing, chiropractic care, acupuncture, chiropractic care, physical therapy and prescription pain medications. The injured worker continues to experience mid and low back pain. Upon examination, there was tenderness to palpation along the bilateral sacroiliac joints; active lumbar flexion was limited to 30 degrees secondary to pain. A request for Interlaminar epidural steroid injection T8-9 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar epidural steroid injection T8-9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p200 Treatment Guidelines.

**Decision rationale:** The claimant is more than one-year status post work-related injury and continues to be treated for mid and low back pain. An MRI of the thoracic spine in February 2014 included findings of a disc herniation at T8-9. Prior treatments have included a T8-9 interlaminar epidural injection done in November 2014 without benefit. The procedure report was provided and documents the use of contrast with appropriate medication spread. When seen, there was decreased spinal range of motion and tenderness. There was decreased hip flexion strength attributed to pain. Criteria for consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. Alternatively, if the interventionalist believed the medication was not well placed a second injection might be indicated. In this case, a prior epidural steroid injection is reported as having been ineffective despite appropriate medication placement. Therefore, the requested repeat epidural steroid injection was not medically necessary.