

<b>Case Number:</b>	CM15-0088707		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/31/2006
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 (IW) is a 54 year old male who sustained an industrial injury on 01/31/2006. He reported neck, mid-back, and lower back complaints. The injured worker was diagnosed as having chronic neck pain situation/ post cervical fusion, chronic thoracic spine pain, multilevel thoracic herniated nucleus pulposus, chronic low back pain with radicular symptoms, bilateral carpal tunnel syndrome, dysthymia, industrial related, and generalized anxiety disorder industrially related. Treatment to date has included ongoing treatment with a pain specialist. Currently, the injured worker complains of "electrical shooting" pain in the shoulders, neck, arms, and hands with occasional weakness and numbness in his left hand. He has thoracic pain with a popping sensation when twisting his back and thoracic spine pain that radiates around the upper chest wall bilaterally. The pain increases with stress, prolonged sitting, lifting and lying down. The pain is rated an 8-9 on a scale of 10. He complains of increased pain, which has decreased his function. One (1) epidural steroid injection at T6-7 is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 epidural steroid injection at T6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**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, epidural steroid injection 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, nonsteroidal anti-inflammatory's 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 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 chronic neck pain status post cervical fusion; chronic thoracic spine pain; multilevel thoracic herniated nucleus pulposis; chronic low back pain with radicular symptoms; bilateral carpal tunnel syndrome; dysthymia; and generalized anxiety disorder. Documentation medical record, according to an April 15, 2015 progress note, states the injured worker has subjective pain that radiates to the chest wall bilaterally from the thoracic spine. Objectively, there is no documentation demonstrating objective radiculopathy. MRI dated March 17, 2015 showed ventral cord impingement at T5- T6, T6- T7, T7-T8, T8 -T9 and T9 -T10 secondary to central disc herniations. There were no significant sensory abnormalities or motor abnormalities to corroborate the injured worker's subjective complaints. Consequently, absent clinical documentation with subjective and objective findings compatible with radiculopathy and MRI corroboration, epidural steroid injection T6-T7 are not medically necessary.