

<b>Case Number:</b>	CM13-0038903		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old male who reported an injury on 08/12/2010. The patient was diagnosed with thoracic spondylosis, cervical spondylosis without myelopathy and lumbar disc displacement without myelopathy. The patient was recently seen by treating physician on 11/06/2013. The patient reported ongoing neck, midback and low back pain. Physical examination revealed a normal and non-antalgic gait and no acute distress. Treatment recommendations included the continuation of current medications. A request was also previously made for a cervical and thoracic epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 thoracic epidural steroid injection at the levels of T4-T5 under myelography, Fluoroscopic guidance and intravenous sedation between 9/11/2013 and 11/10/2013:**  
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 Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the latest physical examination of the thoracic spine was documented on 10/09/2013 by the treating physician and revealed tenderness to palpation along the thoracic paraspinal muscles with muscle tension extending up into the midback. There was no documentation of radiculopathy upon physical examination. The patient's latest MRI of the thoracic spine was dated 11/16/2010 and indicated no acute abnormality, no cord compression and no central or foraminal stenosis. Based on the clinical information received, the patient does not currently meet the criteria for a thoracic epidural steroid injection. Therefore, the request is non-certified