

<b>Case Number:</b>	CM14-0097489		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; and reportedly negative electrodiagnostic testing of April 10, 2014. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for thoracic epidural steroid injections. In a July 2, 2014 progress note, the applicant reported 7/10 mid and low back pain with pain and numbness about the buttocks. The applicant had spasm and pain about the thoracolumbar musculature. The attending provider stated that he had interpreted the applicant's lumbar and thoracic MRIs as demonstrating a 4 mm disk annular tear at T8-T9 and 4.6 mm disk herniation at L4-L5. A neurosurgical consultation was sought. The applicant's work status was not provided. On June 19, 2014, the applicant was described as not working. Persistent complaints of mid and low back pain were appreciated, 3/10. Decreased sensation was noted about the T8 dermatome, right greater than left. A T8-T9 thoracic epidural steroid injection was sought. A prescription for Lyrica was also endorsed. The applicant is also using Flexeril, Ativan, Desyrel, Norco, and Lexapro, it was stated. On May 30, 2014, the applicant was placed off of work, on total temporary disability, for a mental health perspective. Electrodiagnostic testing of the bilateral lower extremities dated April 10, 2014 was read as normal. The lumbar MRI report of April 10, 2014 was notable for a 4.6 mm disk protrusion at L4-L5 with associated thecal sac indentation. A thoracic MRI of April 10, 2014 was notable for a 4.2 mm broad based disk protrusion, also impressing upon the thecal sac with evidence of a small annular tear. The remainder of the file was surveyed. There was no evidence that the applicant had prior epidural steroid injection therapy either of the thoracic or lumbar spine areas.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Thoracic epidural steroid injections:** Overturned

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have some possible radiographic corroboration of the radiculopathy at T8-T9 level, which had disk bulge/disk protrusion indenting the thecal sac was appreciated on MRI imaging. The attending provider has posited that this is the source of the applicant's radicular complaints. The applicant has not seemingly had any prior epidural steroid injection therapy involving either of the thoracic or the lumbar spines. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections. Therefore, the request is medically necessary.