

<b>Case Number:</b>	CM14-0211697		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn, 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 is a patient with a date of injury of January 17, 2014. A utilization review determination dated December 8, 2014 recommends noncertification for T11-T12 epidural steroid injection. Noncertification was recommended a due to a lack of documentation of subjective complaints or objective findings supporting a diagnosis of radiculopathy. A progress report dated December 1, 2014 identifies subjective complaints of thoracic pain. Physical examination findings reveal "diffuse pain on palpation of the thoracic paraspinal musculature and spinous processes." Neurologic examination reveals normal strength and sensation. Diagnoses include thoracic sprain and left T11-12 herniated nucleus pulposus. The treatment plan recommends physical therapy, Mobic, x-rays of the thoracic spine, and thoracic epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left epidural steroid injections T11-T12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for thoracic epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment. Additionally, further conservative treatment and diagnostic studies were requested at the time of the epidural recommendation. As such, the currently requested thoracic epidural steroid injection is not medically necessary.