

<b>Case Number:</b>	CM15-0014461		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 30 year old female sustained a work related injury on 02/04/2012. According to a progress report dated 12/23/2014, the injured worker stated that the pain was the same. Mid back pain radiated to the upper back. Pain level was rate 4 on a scale of 1-10. Diagnoses included thoracic disc herniation and thoracic radiculitis. Plan of care included home exercise program, Left T5-T6 transforaminal epidural and Norco. According to a progress report dated 01/27/2015, the injured worker complained of mid back and upper back pain. Pain was described as shooting and stabbing. Physical examination revealed negative Spurling exam and Adson test. Sensory, Motor and reflexes were normal. Upper motor neuron signs were normal. Phalen and Tinel were negative. Examination of the upper extremities demonstrated negative impingement, supraspinatus, apprehension and relocation. Range of motion of the shoulders revealed 180 degrees bilaterally with flexion and abduction and 90 degrees bilaterally with internal and external rotation. Lumbar spine exam revealed flexion 40 degrees, left 20 degrees, extension 20 degrees and side bending 20 degrees. Straight leg raise was negative. Sensory and motor were normal. A MRI of the thoracic spine dated 03/09/2013 revealed degenerative disc disease at the T5-T6 level with a 2 millimeter central protrusion which mildly indented the ventral surface of the spinal cord, disc desiccation at the T5-T6, T6-T7, T7-T8, T8-T9, T9-T10, T10-T11 and T11-T12 levels and minimal levoscoliosis of the thoracic spine with the apex centered at the T8 level and with a Cobb angle of 6 degrees. On 01/08/2015, Utilization Review non-certified Left T5-6 Transforaminal Epidural Steroid Injection. According to the Utilization Review physician, there was limited documentation of radicular pain specifically in the dermatomal pattern of T5-6.

There were no imaging studies submitted which outlined nerve root compromise at these levels. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections. The decision was appealed for an Independent Medical Review.

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

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

**Left T5-6 TFE Injection:** Upheld

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

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

**Decision rationale:** Left T5-6 TFE Injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate nerve compression on imaging at the level of the requested thoracic injection. The history and physical additionally do not support findings in this region. The request for left T5-6 TFE injection is not medically necessary.