

<b>Case Number:</b>	CM15-0172752		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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:

The injured worker is a 39 year old male, who sustained an industrial injury on January 8, 2014, resulting in pain or injury to the back. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of thoracic intervertebral disc without myelopathy, lumbago, and sacroiliac (ligament) sprain. On August 7, 2015, the injured worker reported terrible pain from about the T7-L2 area, rated as 7 out of 10. The Treating provider's report dated August 7, 2015, noted the injured worker status post a left sacroiliac joint injection. The injured worker reported his massive pain in the mid thoracic area that radiated to the low back relieved almost completely for about 7 days following the injection. The injured worker's current medication was noted to be Norco. A new thoracic spine MRI was noted to show a T10-T11 left paracentral disc annular tear causing bulging and possible contact with the anterior cord. A new lumbar MRI was noted to show mild disc desiccation at the L3-L4 level without loss of disc height as well as a broad based disc bulge causing bilateral mild foraminal stenosis. The injured worker was noted to have a positive Fortin's finger test to the left, with no other buttock pain. The injured worker's physical examination from July 22, 2015, noted tenderness to the lower thoracic spine, worse with range of motion (ROM), and absent of any muscle spasm, with positive Patrick's test bilaterally and positive compression and distraction to both sacroiliac joints. Fortin's finger test was noted to be positive bilaterally with mildly positive bilateral straight leg raise. Prior treatments have included H-wave noted to provide a 50% reduction in pain, TENS, physical therapy, chiropractic treatments, home exercise program (HEP), aqua therapy, and sacroiliac injections noted to provide excellent relief, and medications. The injured

worker was noted to be off work until November 30, 2015. The Provider requested authorization for a right T10-T11 epidural steroid injection. The Utilization Review (UR) dated August 18, 2015, non-certified the request for a right T10-T11 epidural steroid injection.

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

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

**Right T10-T11 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Right T10-T11 epidural steroid injection is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal evidence of radicular findings in the proposed area for injection on physical examination. Furthermore, the imaging findings do not reveal evidence of nerve compression on the right side in the proposed area for epidural injection therefore this request is not medically necessary.