

<b>Case Number:</b>	CM15-0067745		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 6/14/06. He reported thoracic spine injury. The injured worker was diagnosed as having thoracic radiculitis and long term use of medications. Treatment to date has included physical therapy, massage therapy, chiropractic treatment, multiple surgeries and oral medications including opioids. The past surgical history is significant for T7 fracture fusion and T3 to T11 fusion surgeries. Currently, the injured worker complains of constant throbbing, stabbing, burning and sharp pain of back. Physical exam noted radicular pain of thoracic spine with facet tenderness and limited range of motion. There is associated numbness over the T5 to T8 dermatomes. The treatment plan included epidural steroid injections to decrease oral use of pain medications, TENS unit, and topical creams. The medications listed are Skelaxin, Duloxetine, Bupropium, Celebrex, Lidoderm, Flector patch, Norco and Kadian.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left T5-6, T6-7, T7-8 transforaminal epidural steroid injection under fluoroscopic guidance x2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consistent with the diagnosis of thoracic radiculopathy. The symptoms had persisted despite multiple thoracic surgeries and medications management. The patient desires reduction in oral pain medications utilization if the thoracic injections results in reduction in pain levels. The criteria for left T5-T6, T6-T7 and T7-T8 transforaminal epidural steroid injections under fluoroscopic guidance X2 were met. Therefore the request is medically necessary.