

<b>Case Number:</b>	CM15-0073916		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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 64 year old male who sustained a work related injury May 8, 2012. Past history included hypertension, diverticulitis, low back pain, s/p minimally invasive lumbar decompression December, 2013. A most recent primary treating physician's progress report, dated January 8, 2014, found the injured worker returning for a pain management follow-up visit. He complains of mid back pain described as intermittent and dull, rated 4/10. He noted that with opioid medication, sitting, standing, and walking is improved by 100%. Also noted, an epidural steroid injection administered September 13, 2013 provided a 50% improvement in pain as well as radiculopathy for approximately 6 weeks and 30% improvement in function. Current medication included; Topamax, Cyclobenzaprine, Norco, Hydrocodone Omeprazole and Theramine. Diagnoses are spinal stenosis lumbar region neurogenic claudication and spondylosis, thoracic. Treatment plan included request for repeat transforaminal epidural steroid injection left T7-T8 and T8-T9, adjustments to medications, and continue home exercise program as tolerated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left T7-T8 and T8-T9 transforaminal epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection (performed on September 12, 2014). There is no documentation of functional improvement and reduction in pain medications use. Furthermore, MTUS guidelines does not recommend epidural injections for without radiculopathy: radiculopathy must be documented by physical examination and corroborated by imaging and electrodiagnostic testings. The patient did not fulfill criteria. Therefore, the request for Left T7-T8 and T8-T9 transforaminal epidural steroid injection is not medically necessary.