

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 1/3/2011
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0011038

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old male who reported a work related injury on 01/03/2011 due to a 4 foot fall from a ladder. Conservative treatment had included pain medication, acupuncture, physical therapy, chiropractic treatment, and radiofrequency ablation dated 05/23/2011 and 06/03/2013, medial branch block dated 03/04/2013, and a functional restoration program for 30 days. The patient has been diagnosed with myofascial pain syndrome, thoracic spondylosis, and cervical spondylosis. The patient's medications include amitriptyline, Tramadol, Lidoderm patches, and Celebrex. The request is for thoracic epidural steroid injections.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for thoracic epidural steroid injections is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Guidelines, epidural steroid injections (ESIs), pg 46, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee's MRI of the thoracic spine dated 03/08/2012 noted mild degenerative disc disease with disc space narrowing at T7-8 and spurring at T8-9 through T11-12. No disc extrusions or areas of spinal or neural foraminal stenosis were identified. The clinical note dated 05/10/2013 stated the employee presented with complaints of low back pain that were rated as an 8/10. The employee also complained of neck pain that was radiating on the right upper extremity to the first, second, and third phalanges distally. The employee described the pain as a numbness, tingling, and burning pain. Physical exam noted tenderness to palpation at the thoracic spine, paraspinal/paravertebral region. Range of motion was limited by back pain and pain was noted with both flexion and extension. The plan was noted to schedule the employee for thoracic radiofrequency due to the positive response from both diagnostic facet injections. The clinical note dated 06/21/2013 stated the employee reported an improvement in the mid back pain after thoracic radiofrequency and continued to experience a 60% relief of pain symptoms. The employee complained of pain at this visit as radiating down the right upper extremity distally to the first 3 digits. The employee rated the pain as, 7/10. Physical exam revealed mild tenderness to palpation of the cervicothoracic region, primarily C5 through T1 and hyperesthesia to right upper extremity medially. Plan was to request a thoracic epidural. Physical exam dated 08/29/2013 noted tenderness to palpation of the thoracic paraspinal musculature with a few distinct trigger points and a positive twitch sign. California Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical note dated 06/21/2013 noted the employee had hyperesthesia to the right upper extremity medially but no other exam findings were noted to suggest radiculopathy in the employee. Per the same clinical note, the doctor stated that the employee's axial mid back pain was coming from the thoracic facet joints. The clinical documentation submitted does not warrant the use of a thoracic epidural steroid injection for the patient. **The request for thoracic epidural steroid injections is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.