

Case Number:	CM14-0100958		
Date Assigned:	07/30/2014	Date of Injury:	10/03/2007
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 43 year old female was reportedly injured on 10/3/2007. The mechanism of injury is noted as a fall. The claimant underwent an anterior cervical discectomy and fusion at C3/4, C4/5 and C5/6 on 6/18/2013. The most recent progress notes dated 5/21/2014 and 6/5/2014 indicate that there are ongoing complaints of low back pain that radiates down legs and neck pain that radiates down arms. The physical examination demonstrated cervical, thoracic and lumbar paraspinal tenderness; cervical range of motion: flexion 10 degrees, hyperextension 50 degrees, lateral rotation 45 degrees; lumbar range of motion: flexion 45 degrees, extension 25 degrees; tenderness to sciatic notch bilaterally; negative straight leg raise test; spasm to cervical and lumbar bilaterally; decreased sensation right T1; paresthesia from T6 and down bilaterally; normal motor strength in upper/lower extremities bilaterally; normal toe walking, abnormal heel walking and antalgic gait. MRI of the thoracic spine dated 5/2/2014 showed herniated disk eccentric to the right at T11/12 causing cord impingement, and central canal narrowing at C7. Previous treatment includes cervical laminoplasty in 2008, lumbar fusion at L5/S1 in 2010, cervical fusion in 2013, physical therapy (cervical spine in 2013), psychological evaluation for spinal cord stimulator, and medications to include Butrans, Neurontin, Norco, Soma, Ambien and Ibuprofen. A request was made for thoracic epidural steroid injection at T11/12 and was non-certified in the preauthorization process on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection at the levels of T11 to T12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. A review of the medical records, documents chronic neck and low back pain after a work related injury in 2007, but fails to document any conservative treatment or physical therapy for the thoracic spine. No recent electromyography and nerve conduction velocity (EMG/NCV) studies available for review. Given the lack of clinical documentation, this request is not considered medically necessary.