

Case Number:	CM14-0151611		
Date Assigned:	09/19/2014	Date of Injury:	07/19/2013
Decision Date:	11/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 Pain Management, and is licensed to practice in California. 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 injured worker is a 40 year old female with a date of injury on 7/19/2013. She is diagnosed with (a) low back pain, (b) possible lumbar radiculitis, (c) neck pain, (d) possible lumbar discogenic pain, (e) possible cervical discogenic pain, (f) possible cervical facet pain, (g) left shoulder pain, (h) myofascial pain, and (i) chronic pain syndrome. She was seen on July 15, 2014 for an evaluation. She reported having pain on the left side of the body, from the neck to the elbow, mid back, low back, and left thigh that she described as aching and was rated as 9-10/10 without medications and 8-9/10 without medications. There were intermittent numbness and weakness sensations in the left upper and lower extremities. The pain was worse with sitting, standing, walking, bending, lifting, and lying down. The pain was better with medications. Examination of the cervical spine revealed 5-/5 left upper extremity strength and 5/5 right upper extremity strength. There was tenderness over the cervical paraspinals and facet joints on the left. Cervical range of motion was reduced in all planes. There was tenderness over the left chest near the axilla. Examination of the left shoulder revealed diffuse tenderness over the left shoulder. Range of motion was decreased in all directions due to increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Spine Epidural Steroid Injection at T8-9 with Fluoroscopic Guidance and Conscious Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The request for epidural steroid injection at T8-T9 with fluoroscopic guidance and conscious sedation is not medically necessary at this time. Based on the reviewed medical records and on evidence-based guidelines, the injured worker is not a candidate yet of epidural steroid injection. Radiculopathy in relation to the T8-T9 level has not been sufficiently established. More so, it has been determined that the injured worker reported improved pain from medications. Until he elicits favorable response from conservative treatment, Epidural Steroid Injection remains medically unnecessary.