

Case Number:	CM14-0151724		
Date Assigned:	09/19/2014	Date of Injury:	04/27/2005
Decision Date:	11/06/2014	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 Internal Medicine 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 61-year-old man with a date of injury of April 27, 2005. The mechanism of injury is not documented in this medical record. The medical record was limited to 10 pages. According to the office visit note dated August 18, 2014, the IW had mid-back pain rated 7/10. The pain level had increased since his last visit. Activity level had remained the same. Since last visit, quality of life had worsened and quality of sleep was poor. On examination, there was normal curvature of the thoracic spine. Full flexion, extension, and lateral bending were noted. The spinous processes were non-tender to palpation and percussion. There was no midline shift. The paraspinal muscles were without tenderness, increased tone or appreciable trigger point. There was no scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine. No limitation in range of motion was noted. Heel and toe walk were normal. Faber and pelvic compression tests and Babinski's sign were negative. There was normal motor and sensory examination. Straight leg raising test was negative. The IW was diagnosed with thoracic cervical spine pain, disc displacement without myelopathy and thoracic or thoracolumbar disc degeneration. Current medication were not documented in this medical record. The IW had an epidural steroid injection (ESI) on November 11, 2013 with significant pain relief and did very well until the pain came back. Diagnostic and other therapies were not documented in the submitted clinical records with this request. The IW has a history of an ESI November 2013 with excellent response. The documentation submitted did not define the level or approach (transforaminal vs. interlaminar) of the injection or provide specifics of analgesic response to functional improvement. Furthermore, there were no radicular symptoms on the physical examination submitted nor is there corroborating diagnostic evidence (EMG/NCS or MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injections, Right T7-T8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, the thoracic epidural steroid injection right T7-T8 is not medically necessary. The Guidelines set the criteria for epidural steroid injection (ESI) use. The purpose of ESI is to reduce pain and inflammation, thereby restore range of motion and facilitate progress in more active treatment programs. This treatment alone, however, offers no significant long-term functional benefit. Criteria include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies; symptoms must be initially unresponsive to conservative treatment (exercises, physical therapy, nonsteroidal anti-inflammatory drugs and muscle relaxes), injections should be performed using fluoroscopy for guidance. In this case the injured worker had a history of prior ESIs. The present documentation submitted did not define the approach (transforaminal versus interlaminar) of this injection or provide specifics as to the predicted analgesic response and functional improvement. Moreover, the injured worker had no radicular symptoms as a prerequisite to the ESI on physical examination nor were there any electrodiagnostic tests in the medical record as supporting evidence. Based on the clinical information in the medical record and the evidence-based peer-reviewed guidelines, the epidural steroid injection thoracic, right T7 - T8 is not medically necessary.