

Case Number:	CM13-0004756		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2012
Decision Date:	03/12/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/30/2013

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 Occupational 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 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. 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 patient is a 41 year old male with a date of injury 04/23/2012. He has been treated primarily by [REDACTED] has been treating the patient since he first sustained the industrial injury. The patient's diagnoses are 1. Lumbago., 2. Cervicalgia., 3. Fracture of the distal radius., and 4. Sprain of the thoracic region. All of the patient's current diagnosis is a fracture of the distal radius, the patient underwent right wrist surgery on 04/01/2013 for right wrist chronic laxity of distal radial ulnar joint and peripheral tear of triangular fibrocartilage; and chronic dorsal subluxation of distal radioulnar joint and volar subluxation of the extensor carpi ulnaris tendon. Throughout the course of treatment, the patient has consistently complained of mid to lower thoracic pain radiating into the chest wall. The pain has been refractory to conservative measures such as chiropractic, physical therapy, and medication. The patient underwent a thoracic MRI which showed no evidence of cord compression or nerve root compression; however, there was evidence of mild to moderate facet arthropathy. Examination throughout the period of treatment as typically shown tenderness and spasm in the parathoracic musculature with shooting pain into the chest wall and to the midaxillary region with movement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at T3-4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The patient has clearly demonstrated throughout the course of the treatment radicular type pain in the midthoracic region. Although the MRI of the thoracic spine is fairly unimpressive, the examination and history and has been consistent and attempts to treat the thoracic pain following a short. Despite the extensive injury to the patient's wrist which has included surgery, the patient states on several occasions that his mid back pain is most distressing. The medical record does demonstrate radicular type pain emanating from the midthoracic region. The request for epidural steroid injections is certified.