

Case Number:	CM13-0006603		
Date Assigned:	12/11/2013	Date of Injury:	12/23/2011
Decision Date:	02/10/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

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 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 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 injured worker presented with thoracic and scapular pain, left upper and bilateral lower radicular pain, after bending at work on December 3, 2011. She was treated with modified sedentary, then light duty. Physical therapy included manual manipulation, which increased pain. She received an injection at the site and was placed on total disability. She changed physicians by March 2012. Diagnosis was scapulothoracic strain. No further radiculopathy was reported. Physical exam showed stiffness and tenderness to palpation. Neurologic exam was normal. She was placed on modified duty with restrictions of no lifting over 10 pounds and no more than three four-hour shifts a week. Lidoderm, tramadol PRN and Vicodin PRN were prescribed. She received 2 cortisone injections for the diagnosis of scapulothoracic pain. She underwent a course of acupuncture. She received 2 MRIs, the last reporting stable T10-11 bilateral facet osteoarthritis and focal right T10-11 osteoarthritic change on 8/10/2012. Stable T 8-9 levoscoliosis and a T 11-12 disc bulge were also reported. Stiffness, tenderness and a normal neurologic exam were reported throughout. Pain Management second opinion on 11/26/2012 recommended T7-8 thoracic facet joint injections for the clinical diagnosis of facet disease or discogenic pain, to be followed by epidural facet injections if initial injections did not resolve symptoms. The injured worker was returned to full work without restriction on November 20, 2013. On December 5 she reported bilateral upper extremity radicular pain. Neurologic exam was nonfocal. She was placed on modified duty with restriction of no more than three four-hour shifts a week with the diagnosis of scapulothoracic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for thoracic epidural/facet steroid injections x3, T7, T8: Upheld

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

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

Decision rationale: MTUS criteria for epidural steroid injection [ESI] for chronic pain require that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that if used for diagnostic purposes a maximum of two should be performed. The treating physician's diagnosis is scapulothoracic pain. The pain management specialist's diagnosis is provisional, either facet disease or discogenic pain. MRI imaging reports levoscoliosis, T10-11 osteoarthritis and a T11-12 disc bulge. ESI is not recommended for the diagnoses reported on MRI. The location requested for ESI, T7-8, does not match the pathology on imaging. Current research does not support a series of three ESI.