

Case Number:	CM13-0030926		
Date Assigned:	11/27/2013	Date of Injury:	08/01/2012
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 25-year-old male who reported an injury on August 01, 2012 after he slipped and fell down the stairs and strained his left hip, neck, ribcage and sustained a mild compression fracture to the T11 level. An orthopedic assessment was performed on December 05, 2012 which described the MRI scan findings and states that the T8-T9 and the T7-8 disc bulges and protrusions are seen clinically insignificant and not related to the numerous pain complaints. There was no significant lumbar derangement noted by the evaluating orthopedist. The patient has had multiple conservative therapies with medication and physical therapy without good response. On September 27, 2013, the patient underwent a T11-12 interlaminar epidural steroid injection (ESI) as a trial for pain reduction. According to the progress report dated October 15, 2013, the ESI performed took the edge off. The patient went on to state that the mid back pain is described as frequent, sharp, pressure like, and averages a 4 on a scale from 1 to 10 in intensity with radiation to his posterior ribs, more on the right side. The physician is now requesting an interlaminar epidural steroid injection at the T10-11 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection (ESI) at the T10-11 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cervical and Thoracic Spine Disorders; Epidural Steroid Injection..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 58.

Decision rationale: Under California MTUS' criteria for the use of epidural steroid injections, a patient must be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the case of this patient, at the level of T11 where the compression fracture was noted, the patient did not state he was having any form of radiculopathy in the dermatome region affected by the T11 compression fracture. As such, the requested service for an ESI at T10-11 does not meet guideline criteria for ESI. Therefore the requested service is non-certified.