

Case Number:	CM13-0032810		
Date Assigned:	12/06/2013	Date of Injury:	09/12/2012
Decision Date:	07/28/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty 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:

According to the records made available for review, this is a 48-year-old male with a 9/12/12 date of injury. At the time of request for authorization for pain management consultation for possible CESI (cervical epidural steroid injection) and TESI (thoracic epidural steroid injection), there is documentation of subjective complaints on cervical and thoracic pain with radiation to the left upper extremity with numbness and tingling down the arms and into the fingers) and objective (pain over the cervical and thoracic spine. An MRI of the thoracic spine taken on 10/17/12 revealed discogenic disease of the thoracic spine without central stenosis or neuroforaminal narrowing. An MRI of the cervical spine taken on 9/20/12 report revealed normal findings. Current diagnoses include thoracic disc disorder and cervicalgia, and treatment to date has included medications, physical therapy, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION FOR POSSIBLE CESI (CERVICAL EPIDURAL STEROID INJECTION) AND TESI (TRANSFORAMINAL EPIDURAL STEROID INJECTION): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175;300. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM guidelines states that cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines state that cervical and thoracic epidural steroid injections may be recommended with documentation of pain, numbness, or tingling in a correlating nerve root distribution; sensory changes, motor changes, or reflex changes (if reflexes are relevant to the associated level) in a correlating nerve root distribution; radicular findings in each of the requested nerve root distributions; correlating MRI, CT, myelography, or CT myelography and x-rays; nerve root compression, or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at each of the requested levels; and failure of conservative treatments, including activity modification, medications, and physical modalities. No more than two nerve root levels should be injected one session. Within the medical information available for review, there is documentation of diagnoses of thoracic disc disorder and cervicgia. In addition, there is documentation of cervical and thoracic pain with radiation to the left upper extremity with numbness and tingling down the arms and into the fingers and tenderness to palpation over the cervical and thoracic spine. There has been a failure of conservative treatment as well. However, there is no documentation of the specific level(s) to be addressed. As such, the request is not medically necessary.