Case Number:	CM13-0035928		
Date Assigned:	12/13/2013	**Date of Injury:**	10/22/2012
Decision Date:	01/28/2014	**UR Denial Date:**	10/03/2013
Priority:	Standard	**Application Received:**	10/18/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in 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:

This patient is a 44-year-old who reported an injury on 10/22/2012. Notes indicated that this patient initially sustained injuries to the thoracic and lumbar spine while moving equipment in the back of a work truck. The patient is currently diagnosed with a herniated thoracic disc and herniated lumbar disc as well as thoracic facet syndrome and muscle spasms. Treatments to date have included 2 epidural steroid injections and facet injections as well as chiropractic visits with dates of service from 10/23/2012 through 02/25/2013. Also, noted indicate that the patient has been prescribed medications. Notes indicate that this patient was released to full duty in 02/2013 but has since experienced an exacerbation of his condition with notes indicating that the patient reported to an ER on 04/15/2013. However, the clinical notes provided for review did not extend beyond 02/20/2013. An operative report dated 05/15/2013 was submitted indicating that the patient underwent a thoracic epidural steroid injection at T9-10. Currently under consideration is a request for a thoracic epidural steroid injection, bilateral facet injections x3 levels and for physical therapy 3 times a week for 16 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

thoracic epidural steroid injection: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance; with no more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. While the documentation submitted review indicates that the patient has prior history of epidural steroid injections x2 and while notes indicate that the patient underwent the most recent thoracic epidural steroid injection at the T9-10 level on 05/31/2013, there is a lack of documentation submitted for review indicating the patient's quantified pain reduction following the injection, documentation of functional improvement or an associated reduction in the use of medications for a period of at least 6 to 8 weeks following the prior injection. The request for a thoracic epidural steroid injection is not medically necessary or appropriate.

bilateral facet joint injection times 3 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Injections (Thoracic) Sections.

Decision rationale: The Official Disability Guidelines state that regarding facet joint injections of the thoracic spine, that there is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Furthermore, recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. Pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment to the rib cage; and injection of the joints in this region also presents technical challenge. The documentation submitted for review indicates that the patient has history of prior facet injections x2. However, quantified pain scale, improvement in function or reduction in pain medication was not noted following the prior injections to demonstrate efficacy. Furthermore, the current request for bilateral facet injection exceeds the recommendations of the guidelines which recommend that more than 2 facet joint levels be injected in 1 session. Furthermore, given that the guidelines do not support the recommendation to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to

improper diagnosis or unnecessary treatment, the lack of indication as to whether the request is concurrent or sequential needs to be addressed. The request for a bilateral facet joint injection times 3 levels is not medically necessary or appropriate.

Physical therapy, three times per week for sixteen weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. There is a lack of documentation submitted for review detailing a current physical examination of the patient identifying specific functional limitations to support the recommendation for physical therapy. Furthermore, the current request for 18 sessions of physical therapy exceeds the recommendation of the guidelines given the listed diagnosis for the patient. The request for physical therapy three times per week for sixteen weeks is not medically necessary or appropriate.