

Case Number:	CM13-0038553		
Date Assigned:	12/18/2013	Date of Injury:	07/03/2011
Decision Date:	02/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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 Indiana, Illinois, 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 54-year-old female who reported an injury on 07/03/2011. The mechanism of injury was noted to be a lifting trauma. The patient was noted to have an MRI on 05/03/2013, which revealed a left posterior disc protrusion encroaching on the left lateral recess with a mild to moderate narrowing of the left neural foramen without evidence of nerve root abutment or impingement. The central canal and right neural foramen were noted to be otherwise patent. The patient was noted to have physical therapy, which was of no help. The patient was noted to have decreased sensation in the T8 to T10 dermatomes. The patient was noted to have a diagnosis of left T8-9 radiculopathy and thoracic disc herniation at T8-9. The recommendation and plan were noted to include a left T7 to T9 interlaminar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

T8-9 Epidural Injection: Upheld

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

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had decreased sensation at the T8 to T10 dermatomes. The patient was noted to have symptoms of left thoracic back pain with radiation to the left breast. The patient was noted to have numbness radiating down the arm into the left breast. The patient's MRI was noted to reveal at T8-9 there was a left posterior disc protrusion without evidence of nerve root abutment or impingement that mild to moderately narrowed the left neural foramen. However, the clinical documentation submitted for review failed to provide the patient was initially unresponsive to conservative treatment and it failed to provide corroboration by imaging studies. Additionally, the request as per the physician was noted to be a left T7 to T9 interlaminar epidural injection for diagnostic and therapeutic value; however, the request as submitted was for a T8-9 epidural injection without definition of laterality. Given the above, and the lack of clarification, the request for T8-9 Epidural Injection is not medically necessary.