

Case Number:	CM13-0042857		
Date Assigned:	04/25/2014	Date of Injury:	06/26/2008
Decision Date:	06/11/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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:

This 38 year old male injured worker with date of injury 6/26/08 with related neck, mid back, and low back pain. He was diagnosed with hypogonadotropic hypogonadism secondary to his ongoing use of opioid medication to control his pain. He also suffers from depression, insomnia, and erectile dysfunction secondary to his injury. MRI of the thoracic spine dated 12/28/12 revealed a moderate-sized disc protrusion with more prominence in the right paracentral region at T8-T9 with associated muscle spasms. He has been treated with ESI injection, physical therapy, and medication management. The date of UR decision was 9/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND OUTPATIENT THORARIC EPIDURAL STEROID INJECTION TO T8-9 UNDER FLUOROSCOPIC CONTROL: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Guidelines, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating

progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. 12/10/13 progress note indicates that the patient was awaiting authorization for a thoracic epidural steroid injection, he had these done in the past with over 50% improvement of his pain. However, the documentation does not address whether the pain relief was associated with reduction of medication use for at least six weeks. As the criteria for repeat injection are not fulfilled, the request is not medically necessary.