

Case Number:	CM13-0043583		
Date Assigned:	12/27/2013	Date of Injury:	12/06/1993
Decision Date:	02/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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 date of injury is 12/06/93. The patient was working as a paralegal driving to work, when he was stopped at a stop sign. Another vehicle struck him from behind, going approximately 50 miles per hour. He had immediate neck and back pain at that time. The patient had a T7-8 thoracic discectomy and decompression in 1994 and had revision surgery at the same site. He also had a rhizotomy in 2007, which was helpful for approximately one year. Diagnoses included: Neuralgia/neuritis NOS; Cervical radiculopathy; Degenerated disc disease; cervical Myofascial pain syndrome; Facet arthropathy, lumbar. There is a history of thoracic discectomy at level T7-T8. Analgesic and other measures have been tried. Thoracic spine MRI shows evidence of disc degeneration with bulging at T8-9 along with similar findings on exam and abnormal pathology on MRI, thoracic epidural was requested in attempt to decrease symptoms and provide pain relief. Evidence of upper extremity pain and numbness and decrease in sensation in the left upper extremity with triceps muscle weakness suggested cervical spine level injury and raised the recommendation for repeat cervical MRI. The request is made for 3 T-spine level epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

thoracic epidural steroid injection (ESI) at T8-9: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines esi's Page(s): 46.

Decision rationale: There is a history of thoracic discectomy at level T7-T8. Analgesic and other measures have been tried. Thoracic spine MRI shows evidence of disc degeneration with bulging at T8-9 along with similar findings on exam and abnormal pathology on MRI, thoracic epidural was requested in attempt to decrease symptoms and provide pain relief. Evidence of upper extremity pain and numbness and decrease in sensation in the left upper extremity with triceps muscle weakness suggested cervical spine level injury and raised the recommendation for repeat cervical MRI. The request is made for 3 T-spine level epidural injections. Given that the criteria are met for use of epidural steroid injection and the use at T8-9 is supported by MRI findings, locality and the lack of response to other measures the request for epidural steroid injection at T8-T9 level is found to be appropriate and medically necessary.

thoracic ESI at T9-10 level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

Decision rationale: There is no documented evidence of objective findings regarding neuropathic abnormalities at the T9-T10 level in the reports presented for this patient. Also the guideline does not support more than two nerve levels at the same time. Absent this supporting information, the guidelines do not support the use of thoracic epidural injection and thus this request is found not to be medically necessary and appropriate.

A thoracic ESI at T10-11 level: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

Decision rationale: There is a history of thoracic discectomy at level T7-T8. Analgesic and other measures have been tried. Thoracic spine MRI shows evidence of disc degeneration with bulging at T10-11 along with similar findings on exam and abnormal pathology on MRI, thoracic epidural was requested in attempt to decrease symptoms and provide pain relief. Evidence of upper extremity pain and numbness and decrease in sensation in the left upper extremity with triceps muscle weakness suggested cervical spine level injury and raised the recommendation for repeat cervical MRI. The request is made for 3 T-spine level epidural injections. Given that the criteria are met for use of epidural steroid injection and the use at T10-11 is supported by MRI findings, locality and the lack of response to other measures the request

for epidural steroid injection at T10-T11 level is found to be appropriate and medically necessary.