

Case Number:	CM13-0043676		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2004
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Reconstructive Surgery and is licensed to practice in <MPR ST LICENSE>. 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 56-year-old male who reported injury on 08/26/2004. The mechanism of injury was not provided. The patient was noted to be 12 months status post lumbar fusion. It was indicated the patient's preoperative symptoms had resolved and the patient had not developed new symptoms since surgery. The patient was noted to be in physical therapy. The patient was noted to have bent forward and felt something pop. The patient's neurologic examination indicated the patient had muscle tone and strength within normal limits. The patient had a negative straight leg raise test. The thoracic spine examination showed tenderness to midline present in the spine at approximate level of T9-10 with decreased sensation in the T10 dermatomes bilaterally. The patient's diagnosis was noted to be thoracic radiculitis. The request was made for an epidural steroid injection at T9-10 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI at Tp-10 with fluoroscopy: 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 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 patient was noted to have an MRI of the lumbar spine on 10/31/2012. There was lack of documentation of the patient's official MRI scan of the thoracic spine as the MRI that was provided was noted to be for the lumbar spine and did not show the thoracic spine. Per the physician documentation, the patient had an MRI of the thoracic spine that showed a herniated disc at the T9-10 level. The physical examination revealed the patient had tenderness to midline present at the spine approximately at the T9-10 level and a decreased sensation in the T10 dermatomes bilaterally. However, there was a lack of documentation indicating the patient's recent conservative care and that the level was unresponsive to conservative treatment. There was a lack of documentation of the official MRI to support the need for an ESI by corroboration of radiculopathy findings. Given the above, the request for injection: ESI at Tp-10 with fluoroscopy is not medically necessary.