

Case Number:	CM13-0052715		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2005
Decision Date:	06/04/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Per documentation the patient underwent a thoracotomy and excision of fifth and sixth rib on the right side in 9/2005 for unclear reasons and has persistent pain. A 2/1/12 thoracic MRI revealed degenerative disc disease 2.) T5-7 posterior disk protrusion with measurement of approximately 4 mm 3.) T7-8 posterior disk protrusion with measurement of approximately 4 mm; 4.) Negative for impingement of thoracic nerve roots. According to the Office Visit Note dated 09/30/13 the patient was treated with epidural steroid injection dated 11/2012 with significant pain relief; the patient did very well till 2 months ago when the same pain started coming back. The provider states that the patient presented with recurrent thoracic pain radiating along T7-T8 dermatome. Patient was treated with an epidural steroid injection with significant improvement, last injection was in November 2012. He feels that repeating the epidural steroid injection through an interlaminar approach at T7-T8 on the right side should be considered. A 2/1/12 Thoracic MRI revealed degenerative disc disease; 2.) T5-7 posterior disc protrusion measurement of approximately 4 mm; 3.) T7-8 posterior disk protrusion with measurement of approximately 4 mm; 4.) Negative impingement of thoracic nerve roots. Per a 9/30/13 office visit the patient complained of mid back pain, rated 7/10. Pain level has increased since the last visit and activity level decreased. On physical exam the thoracic spine examination revealed normal curvature of the thoracic spine; full range of motion; non-tender spinous process to palpation and percussion, no midline shift; no tenderness, increased tone or appreciable trigger point over paraspinal muscles; intact sensation and motor strength, equivocal reflex response and negative straight leg rise.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT INTERLAMINAR EPIDURAL STEROID INJECTION T7-T8(62310):

Overtured

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

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

Decision rationale: The request for a right interlaminar epidural steroid injection T7-T8 (62310) is medically necessary. The guidelines for MTUS state that for an epidural steroid injection to occur radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Unfortunately, the clinical presentation of thoracic radiculopathy is not as simple as the cervical and lumbar areas. A thoracic MRI taken in 2/1/12 revealed a T7-T8 disc protrusion measuring 4mm in size. The electrodiagnostic testing does not evaluate the T7-8 dermatomes. Patient has had a prior thoracic injection with sustained relief for over 6-8 weeks. Per Case Report-Atypical Presentation of Thoracic Disc Herniation the treatment of thoracic disc herniation may be determined by the patient's symptoms. Pain without further neurological abnormality can be managed conservatively with NSAIDs and foraminal steroidal/analgesic injections with a reported 75% success rate however, in patients presenting with myelopathy, intractable radiculopathy, or axial back pain, surgical decompression is advocated. Thoracic disc herniation has a prevalence of 11-37% in asymptomatic patients and can present with vague atypical symptoms. Furthermore, in referenced article [REDACTED] on thoracic disc prolapsed, the most common initial symptom of thoracic disc herniation is back pain, reported by 57% to 76% of patients. The article states that typically, the upper thoracic root will be compressed in its axilla such that a T7-8 lateral rupture will irritate the T7 root as it exits under the T7 pedicle and out the foramen. Numbness in addition to pain may or may not result as there is usually overlap of sensory innervations in the thoracic region from adjacent dermatomes. In this case the patient did not have numbness at the T7-8 area or other areas on physical examination but clinically this does not always occur as mentioned. Taking this into consideration as well as patient's excellent relief from the prior thoracic injection the request for a right interlaminar epidural steroid injection T7-T8 (62310) is medically necessary.