

Case Number:	CM13-0054544		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2011
Decision Date:	03/17/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/19/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 55 year-old with a date of injury of 12/20/11. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of chronic mid-back pain radiating into the shoulder. Objective findings included thoracic tenderness and decreased range-of-motion. MRI on 01/23/13 showed a bulging disc at T10-T11. Diagnoses included thoracic spondylosis and radiculitis. Treatment has included medications and a previous epidural injection of T10-11 in April, July and December of 2012. A repeat was done in 07/13 and the note on that date stated that the patient had greater than 50% improvement in pain from the previous injections that lasted 4-6 months. He also underwent facet joint injections of T9-10, T10-11, and T11-12 in 02/13 and rhizotomy of T5-6, T6-7, and T7-8 in 05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

left thoracic transforaminal epidural steroid injection (ESI) at T10-11: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The record did not document objective findings of a radiculopathy supported by imaging. Conservative measures have been attempted and failed. However, there is no documentation of functional improvement related to activities of daily living or work activities from the previous injections. Therefore, there is no documented medical necessity for the transforaminal injection.