

Case Number:	CM13-0058114		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2012
Decision Date:	04/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery 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:

The patient is a 46-year-old gentleman who was injured in a work related accident on 09/14/12. The clinical records reviewed in this case indicate continued subjective complaints of upper back, low back, and left lower extremity pain from the 01/10/14 reassessment. Physical examination findings on that date showed restricted lumbar and cervical range of motion with tenderness to palpation from the T1 through T12 level with moderate diffuse muscle spasms, and burning. There was moderate tenderness to palpation of the lumbar spine with restricted range of motion. Motor strength was diminished to the bilateral posterior tibialis levels. The claimant's working assessment was intervertebral disc disorder of the thoracic spine with lumbar degenerative disc disease, chronic lumbosacral strain and radiculitis with left ankle tenosynovitis. Previous imaging of the thoracic spine included an MRI report dated 06/28/13 that showed multilevel posterior disc bulges with no indication of acute neurocompressive findings from T2-3 through T11-12. At present, there is a request for an epidural steroid injection to be performed at the T7-8 level as well as four trigger point injections performed to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION T7-T8: 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 (ESIs) Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, epidural injection in this case would not be indicated. The clinical records do not indicate any evidence of neurocompressive pathology in the thoracic spine or specific physical examination findings that would correlate to the claimant's T7-8 level to support the acute need for a transforaminal epidural injection. Chronic Pain Guidelines clearly indicate that radiculopathy needs to be documented on both physical examination and concordant findings on imaging. This specific request would not be supported.

RETRO TRIGGER POINT INJECTION TIMES 4 FOR THE THORACIC SPINE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The request regarding trigger point injections times four to the thoracic spine would not be indicated. The California MTUS Chronic Pain Guidelines clearly indicate there must be documentation of circumscribed trigger points with evidence of a palpable twitch response before proceeding with trigger point injections. The absence of the above findings on clinical examination would fail to necessitate the specific trigger point injections at this time.