

Case Number:	CM13-0058498		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2012
Decision Date:	07/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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:

The patient is a 33 year old male with a work injury dated 8/9/12. The mechanism of injury was when he was cleaning a pond and when he was exiting the pond, he slipped on the rocks and fell down. Immediately after the injury, he felt a sharp pain in his midback. His treatment has included physical therapy, trigger point injections, medication management, and chiropractic treatment. Under consideration is a request for a thoracic spine epidural steroid injection and a lumbar MRI. X-rays of the thoracic spine dated 8/29/12 revealed a possible right posterior rib fracture. A 10/5/12 MRI of the thoracic spine indicates that there is a tiny left paracentral protrusion at T6-7 and scarring of old resorbed subligamentous extrusion T7-8. There is no associated mass effect, impingement or stenosis. A 5/22/13, Needle EMG studies of lower thoracic spine did not show evidence of right or left thoracic radiculopathy. A 5/22/13 QME indicated that the physician felt that the patient's chronic thoracic pain is musculoligamentous in nature and did not respond well to conservative treatment. He is not a surgical candidate. He felt that the patient has received all the appropriate, necessary, and reasonable treatments to his thoracic condition. His thoracic condition has plateaued, stabilized, and reached maximal medical improvement. Although some slight medical improvement might be anticipated, his condition is unlikely to change substantially with or without further active medical or surgical treatment. Objective findings on examination on this date indicated right thoracic paraspinal muscle spasm. A 10/24/13 primary treating physician progress report stated that the patient has complaints of upper back pain. The patient states that area is really tender and when he turns he actually has pain going down his rib. On physical exam his lower extremity examination shows that plantar flexors and dorsiflexors are 5/5 bilaterally. Sensation is intact to light touch bilaterally. This is unchanged since last visit. The provider does not detect any Waddell's signs.

The physician states that he reviewed the (2012 thoracic) MRI one more time in detail with the patient and pointed out the pathology. He is requesting authorization for a thoracic steroid epidural injection one more time due to the fact that patient is not responding to physical rehab and he states that a thoracic steroid injection is absolutely medically indicated. He also states that he would like to get an MRI of the lumbar spine to see if there is any pathology in that area that is causing this patient's upper back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC SPINE EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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

Decision rationale: Thoracic spine epidural steroid injection is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings suggestive of a radiculopathy. The 5/22/13 QME states that the patient's chronic thoracic pain is musculoligamentous in nature and that the patient's condition is unlikely to change substantially with or without further active medical or surgical treatment. The most recent physical exam findings are not consistent with radicular pathology. The electrodiagnostic study of the thoracic paraspinals was negative. The request for a thoracic spine epidural steroid injection is not medically necessary.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

Decision rationale: MRI of the lumbar spine is not medically necessary per the low back complaints ACOEM guidelines and the ODG guidelines. The MTUS and ODG states that imaging studies should be reserved for cases in which surgery is considered, or there is a red-flag (cancer, infection, new trauma, myelopathy) diagnosis. The low back complaints ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted does not reveal findings that warrant an imaging study. There are no red flag or new findings on physical examination. The lower extremity motor and sensory exam reveal no deficits. The request for a lumbar MRI is not medically necessary.