

Case Number:	CM13-0066966		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2008
Decision Date:	04/01/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/17/2013

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 and is licensed to practice in New York. 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:

Patient is a 51-year-old injured worker with a date of injury of October 20, 2008. The patient has multiple diagnoses to include cervical strain, left shoulder injury, generalized myofascial pain and possibly fibromyalgia. The patient has undergone a 5 year course of treatment for neck back and extremity pain. She continues to have pain. At issue is whether thoracic epidural injection is medically needed. The patient had an MRI the thoracic spine on March 2, 2011. The thoracic MRI identifies T4-5 3 millimeter focal central protrusion at site compression of the cord but without stenosis. There are multiple levels of disc degeneration on the thoracic MRI. At T5-6 the MRI indicates there is degenerative disc condition without disc bulge with spinal stenosis. At issue is whether thoracic epidural steroid injection at T5-6 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One epidural steroid injection under fluoroscopic guidance, T5-T6, thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: Based on the medical records provided for review, the thoracic MRI does not show any evidence of nerve root or spinal cord compression at T5-6. The requested injection is at the T5-T6 level and the MRI did not document any neurologic compression at this level. Since the physical exam does not demonstrate specific radiculopathy that correlates with compression of a specific nerve root at T5-6 on MRI imaging, epidural steroid injection at T5-6 is not medically necessary. Establish criteria for transforaminal steroid injection are not met because the imaging study did not show evidence of compression at the level of T5-6. The request for one epidural steroid injection under fluoroscopic guidance, t5-t6, thoracic spine is not medically necessary and appropriate.