

Case Number:	CM14-0006060		
Date Assigned:	02/07/2014	Date of Injury:	09/15/2011
Decision Date:	07/21/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 54-year-old who has submitted a claim for displacement of the thoracic disc associated with an industrial injury date of September 15, 2011. Medical records from 2012-2014 were reviewed, the latest of which dated January 2, 2014 revealed that the patient presents with chronic right upper back pain. She reports no acute changes to her pain condition. She states that her pain level remains at 5/10 on VAS with medications and at 7/10 without. She reports she continues to work. She state that heavy lifting aggravates her upper back pain. She is tolerating her medications generally well. She utilizes gabapentin intermittently at night time for flare ups of pain, which helps with sleep. She utilizes naproxen more regularly. Patient states that she did receive authorization for acupuncture and have been schedules to start on January 7, 2014. On physical examination done on December 3, 2013, there was tenderness over the right sided thoracic paraspinal muscles with muscle tension extending into the right periscapular region. MRI of the thoracic spine dated April 25, 2012 revealed T8-9 3mm right foraminal disc protrusion with abutment of the exiting right nerve root with moderate narrowing of the right neural foramen at this level. T9-10 mild central canal stenosis. Treatment to date has included acupuncture, physical therapy, and medications which include capsaicin cream, gabapentin, naproxen, cyclobenzaprine, and tramadol. Utilization review from December 17, 2013 denied the request for thoracic epidural steroid injection at t8-t9 with fluoroscopic guidance and iv sedation because there was no documentation of failure to respond to the most recent course of acupuncture; no documentation of subjective complaints of radicular pain described in a specific dermatomal distribution and objective evidence of radiculopathy on physical examination or on other physiological testing that is concordant with imaging findings of nerve root impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC EPIDURAL STEROID INJECTION (ESI) AT T8-T9 WITH FLUOROSCOPIC GUIDANCE AND IV (INTRAVENOUS) SEDATION: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient had prior acupuncture treatment and physical therapy; however, the outcome is unknown due to lack of documentation. In the most recent clinical evaluation, there are insufficient subjective and objective findings to support the MRI finding of nerve root impairment. There is no diagnosis of thoracic radiculopathy. The medical necessity of a thoracic epidural steroid injection was not established. The request for a thoracic ESI at T8-T9 with fluoroscopic guidance and IV sedation is not medically necessary or appropriate.