MAXIMUS Federal Services

Case Number:	CM14-0109773		
Date Assigned:	09/19/2014	Date of Injury:	06/01/2013
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine 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 injured worker is a 58-year-old male who sustained work-related injuries on June 1, 2013.July 30, 2014 records document that the injured worker stated that he continued to be the same as with his last appointment. He rated his back pain as 7/10. He rated his neck pan as 3/10. He reported sleep difficulties and stomach pain. He underwent acupuncture which was somewhat helpful. On July 31, 2014, the injured worker returned to his provider and reported persistent neck and upper back which ranges from 3-7/10 which was mostly on the right upper back side. He also rated his shoulder and upper back pain at 5/10 and denied radiation, numbness or tingling in his arms but pain continued to be severe at times. He also reported difficulty sleeping and he was only able to sleep for 3 hours at night due to pain. Activity level continued to be limited by pain. He had completed 24 chiropractic treatments and had 10 sessions of acupuncture which provided him some relief. On examination, tenderness was noted in his right trapezius and right rhomboid and right upper thoracic paraspinous region. Cervical and thoracic range of motion was limited in all planes. Sensation was decreased in the right T8-T9 distribution. Reflexes of the bilateral upper and lower extremities were mildly hyperreflexic. Magnetic resonance imaging scan of the thoracic spine dated September 18, 2013 noted disc desiccation at T8-T9. T8-T9 focal disc herniation causes stenosis of the spinal canal. Lumbar spine magnetic resonance imaging scan performed on September 18, 2013 indicated straightening of the lumbar lordotic curvature, which may reflect in element of mild spasm. Focal disc herniation at L5-S1 caused stenosis of the spinal canal. Measurement is 3.5-millimeters. Right shoulder magnetic resonance imaging scan dated September 18, 2013 indicated acromion is flat, laterally downward slopping, anteriorly downsloping. There is osteoarthritis of the acromioclavicular joint. Focus of increasing signal along the superior glenoid rim consists fibrovascular change. Most recent records dated September 4, 2014

documents that he has not received authorization for the cervical epidural steroid injections. He apparently has been receiving therapy treatments including acupuncture which have been helpful. Objectively, there is slightly trapezial, parascapular, paracervical tenderness on the right. He is diagnosed with (a) thoracic spine sprain and strain, (b) cervical spine sprain and strain, and (c) trapezial, paracervical and parascapular strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injections (level and type unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 49.

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

Decision rationale: According to evidence-based guidelines, an epidural steroid injection may be considered medically necessary if there radiculopathy documented on physical examination further corroborated by a diagnostic imaging study and/or electrodiagnostic study. In this case, review of this injured worker's records indicates that the requested epidural steroid injection is an interlaminar thoracic epidural steroid injection at T8-T9. Clinical presentation of this injured worker includes persistent pain complaints rated at 3-7/10. He has had over 24 chiropractic treatments and 10 sessions of acupuncture which provided him some relief. Objective findings indicated tenderness in the right trapezius and right rhomboid and right upper thoracic paraspinous region. Cervical and thoracic ranges of motions were limited. Sensation was decreased to the right T8-T9 distribution. However, radiculopathy is not apparent/evidence or documented in the presented records. The only pertinent objective information is decreased sensation at T8-T9 as well as T8-T9 focal disc herniation, which causes stenosis of the spinal canal. Information provided is limited and is not specific. Based on this clinical information, the injured worker's clinical presentation does not satisfy the criteria for epidural steroid injections. Thus, the medical necessity of the requested epidural steroid injections is not established.