

Case Number:	CM14-0013287		
Date Assigned:	03/05/2014	Date of Injury:	03/10/1980
Decision Date:	04/23/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 03/10/1980. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the lumbar spine, thoracic spine, and bilateral hips. The patient ultimately underwent a lumbar fusion from the L4 to the S1. The patient's treatment history included physical therapy, medications, and epidural steroid injections. The patient underwent a thoracic spine MRI on 09/24/2013 that documented there were small disc protrusions at the T7-8, T8-9, and T9-10 without evidence of significant central canal stenosis or neural foraminal narrowing. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation over the spinous process of the lumbar spine, and restricted range of motion secondary to pain. The patient had a positive femoral stretch test bilaterally and a positive Faber's test bilaterally, with decreased motor strength in hip extensors and abductors, knee extensors, and cervical eversion. The patient had diminished sensation in the left lateral thigh, anterior thigh, lateral calf, distal shin, lateral foot, and dorsum of the foot. An additional epidural steroid injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRALAMINAR EPIDURAL STEROID INJECTION LEFT T9-T10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The requested interlaminar epidural steroid injection at the left T9-10 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular symptoms upon examination that are corroborated by an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has radicular symptoms. However, there are no radicular complaints or physical findings of radicular symptoms in the T9-10 dermatomal distribution. Additionally, the MRIs submitted for review does not provide any evidence of neurological impingement to support any radicular complaints of the thoracic spine. Clinical documentation submitted for review does indicate that the patient previously underwent epidural steroid injections. However, the level that the patient received those injections at was not specifically identified within the paperwork. Therefore, there is no way to determine if this is considered a repeat injection. As such, the requested interlaminar epidural steroid injection at the left T9-10 is not medically necessary or appropriate.