

Case Number:	CM14-0015488		
Date Assigned:	03/05/2014	Date of Injury:	09/20/2013
Decision Date:	04/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with date of injury 09/20/2013. The listed diagnosis per [REDACTED] dated 01/09/2014 is: 1. Thoracic strain and possible radiculopathy of the thoracic spine According to the progress report dated 01/09/2013 the patient complains of continued low back pain. Squatting, kneeling, lifting, pushing, and pulling exacerbate the pain. He reports that rest helps partially relieve the pain. There is a burning, numbness, tingling and weakness going into the lower extremities. The patient's rates his thoracic pain a 4-6/10 with numbness and tingling. He states that chiropractic and therapy have not resolved the pain. The examination shows tenderness upon palpation of the thoracic spine. Straight leg raise is positive bilaterally in the lower extremities. The treater reviewed an MRI of the thoracic spine and mentions that it shows a 4 mm disk bulge at the T4-T5 level. The treater is requesting a specialist referral for bilateral T4-T5 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIALIST REFERRAL FOR BILATERAL T4-T5 EPIDURAL INJECTION:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presents with low back pain. The treater is requesting a specialist referral for bilateral T4-T5 epidural injection. The utilization letter denied the request stating that the MRI did not reveal evidence of stenotic lesion or impingement. Furthermore, radiculopathy was not demonstrated. The ACOEM guidelines p127 states that a "health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain or course of care may benefit from additional expertise." In this case, the treating physician is concerned about the patient's persistent mid-back pain and the 4mm disc herniation at T4-5. The request is for a referral to a specialist to consider an ESI. A referral may be appropriate to discuss potential need for an ESI given the disc herniation. Recommendation is for authorization for referral as request.