

Case Number:	CM14-0016938		
Date Assigned:	05/14/2014	Date of Injury:	10/29/2009
Decision Date:	07/21/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 patient is a 57-year-old male who has submitted a claim for lumbago associated with an industrial injury date of October 29, 2009. Medical records from June 27, 2013 to April 24, 2013 were reviewed and showed that patient complained of back pain. He reports that medications allow him to perform his work activities including driving. No side effects noted. Physical examination showed that patient was alert and cooperative. He had good posture but and moved comfortably but a little stiffly. He transferred without difficulty, and had normal gait. There was limited range of motion of the lumbar spine with pain at end range. Motor testing was normal. Sensation was intact. MRI of the thoracic spine, dated February 17, 2011, showed a fracture of T9 and protrusions at T6-T7 and T8-T9. Official report was not provided. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation), and epidural steroid injection. Utilization review, dated January 17, 2014, denied the request for epidural steroid injection because there was no specific radicular finding or functional deficits in the physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT T8-9 ESI (EPIDURAL STEROID INJECTION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient complains of back pain despite medications. However, medical records submitted for review did not show evidence of radicular symptoms and/or neurologic deficits. Likewise, imaging studies did not show evidence of nerve root compromise. The patient has had prior ESI; however, there was no evidence of functional improvement derived from it. These criteria for ESI have not been met. The request for a left T8-T9 ESI is not medically necessary or appropriate.