

Case Number:	CM14-0110764		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2012
Decision Date:	09/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 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:

According to the records made available for review, this is a 41-year-old male with a 4/23/12 date of injury. At the time (6/12/14) of request for authorization for T3 to T4 interlaminar Epidural Steroid Injection (ESI) under fluoroscopic guidance, there is documentation of subjective (right upper extremity pain with numbness and tingling in the right wrist/hand and upper back pain radiating laterally). Objective (tenderness to palpation in the upper thoracic spine at T4 and decreased strength in the right upper extremity) findings, current diagnoses (upper back pain), and treatment to date (thoracic epidural steroid injection at T3-T4 on 11/19/13 with greater than 50% pain relief for greater than 6 weeks, medications, and activity modification). In addition, medical report identifies a request for repeat thoracic epidural injection at T3-4. There is no documentation of decreased need for pain medications and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

T3 to T4 interlaminar Epidural Steroid Injection (ESI) under fluroscopic guidance:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnosis of upper back pain. In addition, there is documentation of a previous thoracic epidural steroid injection at T3-T4 on 11/19/13 with a request identifying to repeat injection. Furthermore, given documentation of greater than 50% pain relief for greater than 6 weeks with previous injection, there is documentation of at least 50-70% pain relief for six to eight weeks following previous injection. However, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for T3 to T4 interlaminar Epidural Steroid Injection (ESI) under fluoroscopic guidance is not medically necessary.