

Case Number:	CM14-0124946		
Date Assigned:	08/11/2014	Date of Injury:	03/10/2014
Decision Date:	10/01/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 24 year old female who was injured on 03/10/2014 while trying to move an appliance onto a truck. She developed severe onset of pain in her mid-back. Diagnostic studies reviewed include MRI of the thoracic spine dated 03/28/2014 revealed small right paracentral protrusion with disk desiccation at the T7-T8 level; disk desiccation with right paracentral disk herniation at the T6-T7 level. There is effacement of the thecal sac and thoracic cord noted extend greater to the right of midline; right paracentral herniation of T8-T9 level with effacement along the right ventral-lateral aspect the thecal sac and cord; and mild disk desiccation Schmorl's node formation at the T9-T10 levels. Pain management consult dated 07/01/2014 states the patient complained of mid back pain that is constant with cramping, hot-burning, numbing, sharp, shooting pain. He rates his pain as an 8/10 at worst and 5-6/10 at best. The pain radiates to the bilateral lower extremities. Objective findings on exam revealed no evidence of atrophy or asymmetry noted in the thoracic spine. There is tenderness to palpation at the paraspinal muscles. Range of motion of the thoracic spine is restricted with flexion and restricted with extension. Hyperextension of thoracic spine caused increased pain. Range of motion of the thoracic spine revealed normal extension with moderate to severe guarding; lateral rotation on the right is normal at 30 degrees and on the left is normal at 20 degrees. Motor strength is 5/5 in bilateral upper extremities with normal sensation. The patient is diagnosed with thoracic spondylosis, disc displacement, thoracic; thoracic degenerative disk disease, thoracic spine pain; thoracic spine pain; lumbosacral neuritis or radiculitis; lumbar back pain; and lumbar strain and sprain. It is felt the patient will benefit from bilateral T6-T7 and T7-8. Her medications were refilled which included Norco 10/325, Ambien 10 mg, capsaicin topical cream 120 gm. Prior utilization review dated 07/28/2014 states the request for Bilateral T6-7 and T7-8 Thoracic

Epidural Injections is not certified as there is no documented evidence of neurological deficits indicative of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T6-7 and T7-8 Thoracic Epidural Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (Epidural Steroid Injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back chapter, ESI's

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in order to perform an epidural steroid injection. The medical records document this claimant has motor strength of 5/5 in bilateral upper extremities with normal sensation. Furthermore, it is noted that this claimant has a diagnosis of thoracic spondylosis, disc displacement, thoracic; thoracic degenerative disk disease, thoracic spine pain; thoracic spine pain; lumbosacral neuritis or radiculitis; lumbar back pain; and lumbar strain and sprain. Based on the Chronic Pain Medical Treatment Guidelines as well as ODG and criteria as well as the clinical documentation stated above, the request is not medically necessary.