

Case Number:	CM14-0161299		
Date Assigned:	10/06/2014	Date of Injury:	09/10/2002
Decision Date:	12/02/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 Tennessee. 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:

This is a 66-year-old female with a 9/10/02 date of injury. According to a progress report dated 8/27/14, the patient reported having more and more back problems. She had a thoracic epidural six weeks ago, which gave her about 80 percent relief, but the symptoms have been returning. The provider has requested a repeat thoracic transforaminal epidural. No physical exam findings were noted. Diagnostic impression: failed back syndrome lumbar spine, lumbar spine radiculitis, chronic low back pain. Treatment to date: medication management, activity modification, thoracic ESI, SI joint injection. A UR decision dated 9/17/14 denied the request for thoracic ESI. Guideline criteria have not been met as there are no physical exam findings provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural Steroid Injection T11-T12: Upheld

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 Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, in the present case, there were no subjective and objective findings of radiculopathy documented by clinical history and examination. In addition, there is no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. Therefore, the request for Thoracic Epidural Steroid Injection T11-T12 is not medically necessary.