

Case Number:	CM14-0167374		
Date Assigned:	10/14/2014	Date of Injury:	02/25/2010
Decision Date:	11/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine and Rehabilitation, 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 56-year-old male with a date of injury of 02/25/2010. The listed diagnoses per [REDACTED] are: 1. Status post lumbar decompression L4-L5 and L5-S1 on 01/27/2014. 2. Thoracic myofascial pain, rule out thoracic disk injury. According to progress report 08/13/2014, the patient presents with low back pain with right greater than left lower extremity symptoms rated as 5/10 on a pain scale. Examination revealed "tenderness in lumbar spine. Lumbar range of motion limited. Neurologically unchanged." Examination from 07/09/2014 indicates "patient has pain-free range of motion of all joints of the bilateral lower extremities and neurological examination is grossly normal." MRI of the thoracic spine from 06/09/2014 revealed "disk protrusions at T12-L1 and T1-T2 which result in no spinal canal or neuroforaminal stenosis." The patient is temporarily partially disabled. The treater is requesting an epidural steroid injection at T12 to L1. Utilization review denied the request on 09/12/2014. Treatment reports from 01/27/2014 through 08/13/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Thoracic Epidural Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 and 47.

Decision rationale: This patient presents with low back pain with right greater than left lower extremity symptoms. The treater is requesting an epidural steroid injection at T12-L1 as the MRI has revealed 5 mm protrusions. The MTUS Guidelines have the following regarding epidural steroid injections under the chronic pain section pages 46 and 47, "recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy)." The patient has not trialed epidural injections. In this case, the patient reports some bilateral lower extremity symptoms, but the MRI showed disc protrusions at T12-L2. Disc protrusions at T12 to L2 levels does not correlate with leg symptoms. One would expect low abdominal or groin pain with disc protrusions at T-L junction. Furthermore, the disc protrusions do not result in any stenosis or nerve root compression. MTUS require documentation of radiculopathy but in this case, the patient's examination is unremarkable and MRI findings do not corroborate the patient's leg symptoms. The request is not medically necessary.