

Case Number:	CM14-0021566		
Date Assigned:	05/07/2014	Date of Injury:	06/02/2013
Decision Date:	07/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 21-year-old female with a 6/2/2013 date of injury, when she fell and struck the back of her head on a cabinet. 2/3/14 determination was non-certified. Reasons for non-certification were not included. 1/6/14 medical report identifies an unchanged examination. The patient holds the thoracolumbar spine in a locked position and has frank muscle spasms. She was tilted forward at 3 degrees and was unable to achieve a neutral or extended position. Treatment to date has included medication, physical therapy, and activity modification. Medications included Mobic, Prilosec, Flexeril, and Tramadol. 12/16/13 medical report identified thoracic spine pain rated 9-10/10 and radiated proximately to her neck and lumbar spine. It was associated with numbness, tingling, cramping, burning, throbbing, stabbing, aching, and sharp sensations. Exam revealed that the patient had frank muscle guarding of the paraspinal musculature with pain to same. The patient's neck exam showed a forward head with hunched shoulders, a kyphotic position, protecting her thoracic spine. 12/14/13 medical report identified a request for thoracic spine ESI at the T9-10 level. 9/17/13 thoracic spine MRI report revealed no acute fracture or subluxation of the thoracic spine. There are mild degenerative changes in the mid to lower thoracic spine with vertebral body spurring. Small disc protrusions at T6-7 through T9-10. This is most prominent right paracentral at T9-10. There is a mild degree of central canal narrowing. There is smoothly marginated hyperintense T1 and intermediate T2 signal in the posterior epidural spaces from T3 to T10. This probably just prominent epidural fat. No suspicious cord signal abnormality is appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC EPIDURAL STEROID INJECTION X 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2. Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. The medical necessity for this request was not substantiated. While the patient identified thoracic spine pain with numbness and tingling, these do not follow a dermatome distribution. There are no objective findings of thoracic nerve root pathology. The MRI revealed mild canal stenosis at multiple levels, without cord involvement. The records do not clearly reflect thoracic radiculopathy. The request is not medically necessary.

URINE DRUG TOXICITY SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Opioids Section, page 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There is indication of chronic opioid treatment for which a urine toxicology test is indicated for medication monitoring. Therefore, the medical necessity of the request has been substantiated.

