

Case Number:	CM14-0029643		
Date Assigned:	06/20/2014	Date of Injury:	05/27/2011
Decision Date:	08/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/08/2014

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 45-year-old male with a 5/27/11 date of injury. At the time of request for authorization for thoracic epidural injection, T11-12 up to T 1-2, there is documentation of subjective (aching at the upper portion of the thoracic spine) and objective (mild reproducible tenderness over the midline and paraspinal areas of the thoracic spine and no gross motor or sensory deficits) findings. Imaging findings include an MRI of the thoracic spine which revealed a disc protrusion at T2-3 that contacts the ventral cord with no compression, mild degenerative disc disease at T2-3 through T11-T12, and no significant foraminal stenosis or central canal stenosis in the visualized spine. The injured worker's current diagnoses include thoracic pain with herniated nucleus pulposus at T2-3. Treatment to date includes physical therapy, activity modification, and medications. There is no documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and no more than two nerve root levels injected one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural injection T11-12 up to T 1-2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Thoracic and Lumbar, Epidural Steroid Injections (ESIs).

Decision rationale: 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 subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment, and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of thoracic epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of a diagnosis of thoracic pain with herniated nucleus pulposus at T2-3. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of subjective findings and given documentation of objective findings, there is no documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of imaging findings there is no documentation of nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at each of the requested levels. Furthermore, there is no documentation of no more than two nerve root levels injected one session. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.