MAXIMUS Federal Services

Case Number:	CM14-0031995		
Date Assigned:	06/20/2014	Date of Injury:	02/12/2008
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 12, 2008. Thus far, the applicant has been treated with analgesic medications, attorney representations, unspecified amounts of physical therapy and work restrictions. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for T3-T5 epidural steroid injection therapy, citing non-MTUS ODG Guidelines in its denial. The claims administrator, then, somewhat incongruously, also referenced both ACOEM and ODG in another section of the report and, furthermore, stated that there was no documentation of radicular complaints and no evidence of physical signs of radiculopathy or associated positive MRI findings suggestive of radiculopathy. The applicant's attorney subsequently appealed. A February 19, 2014 progress note is notable for comments that the applicant reported 6/10 pain with medications and 7-8/10 pain without medications. The applicant was limited in terms of performance of even basic activities of daily living, including self-care and personal hygiene. The applicant had reportedly had thoracic MRI imaging of July 16, 2009 notable for minimal disk dessication and disk bulges, multilevel, including T3-T4, T4-T5, and T11-T12 with no associated cord effacement or neuroforaminal stenosis or canal stenosis. In the subjective complaints section of the report, it was stated that the applicant's pain was confined to the mid and upper back areas with associated myofascial tender points and paraspinal tenderness appreciated on exam. There was apparently some evidence of diminished sharp touch sensorium; it was stated, at unspecified body parts. The applicant was placed off of work, on total temporary disability. Diagnostic epidural steroid injections were seemingly sought. Norco, Neurontin, Senna, Omeprazole, and Naprosyn were sought. In an October 4, 2013 medical-legal evaluation, it was stated that the applicant had ongoing complaints of pain about the shoulder and

neck. In this note, it was stated that the applicant denied loss of sensory function in one section of the report while other sections of the report stated that the applicant had loss of sensorium noted about the right upper extremity only. It appears that the applicant did undergo thoracic facet medial branch blocks on July 14, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral ESI (Epidural Steroid Injection) at T3-T5 , Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG- Low Back Chapter, ESI (Epidural Steroid Injection).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS TOPIC Page(s): 46.

Decision rationale: As noted on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for "treatment of radicular pain," defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. In this case, however, the applicant was never described as exhibiting neck pain radiating to the arms. The attending provider's progress note did not make any mention of neck pain radiating to the arm or pain in a dermatomal distribution. While some of the attending provider's progress notes did make some mention of dysesthesia about the hands on exam, there were no accompanying thoracic radicular complaints present here which would support epidural steroid injections, either diagnostic or therapeutic. Therefore, the request is not medically necessary.