

Case Number:	CM14-0033387		
Date Assigned:	06/20/2014	Date of Injury:	10/04/2008
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Pain Management, 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 49-year-old male with a date of injury of 10/04/2008. The listed diagnoses per the treating physician are chronic depression, chronic pain syndrome, myofascial pain, brachial neuritis or radiculitis, degeneration of cervical intervertebral disk, insomnia, neck pain, thoracic neuritis or radiculitis, anxiety, degeneration of thoracic or lumbosacral intervertebral disk, neck pain, and a headache. According to progress report 01/24/2014, the patient presents with neck and thoracic back pain due to degenerative disk disease. The patient also has depression, cervicogenic headaches, neck and right arm pain. The patient reports benefit with pain medication regimen. The examination of the thoracic spine revealed tenderness and tightness around the mid-thoracic area right greater than left around T7-10 area. The thoracic spine flexion caused pain. An MRI of the thoracic spine from 02/23/2012 revealed at T8-9, there is focal disk protrusion 4 mm in AP dimension. The treating physician states the patient has responded well to prior epidural injection, from more than a year ago. He is requesting a repeat thoracic epidural steroid injection at T8-9 and a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection of T8-9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 46, 47.

Decision rationale: This patient presents with neck and thoracic back pain. On examination, the thoracic spine revealed tenderness and tightness around the mid area around the T7 down to the T10 area. The treater recommends a repeat epidural injection to level T8-9. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injections during therapeutic phase continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with general recommendation of no more than 4 blocks per year. In this case, the patient does not present with any radicular symptoms into thoracic cage suggestive of nerve root irritation from 4mm disc protrusion on MRI at this level. The pain appears to be centrally located which would not respond to an ESI. The patient does not appear to present with radiculopathy. Furthermore, the medical file provided for review includes an operative report from 09/18/2012 for an ESI. But there are no progress reports immediately following the procedure documenting pain relief, functional improvement or a decrease in medication as required by MTUS. The earliest progress report is from 08/28/2013 and does not discuss prior ESI. Recommendation is for denial. As such, the request is not medically necessary.

Neurosurgical consult for cervical and thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92; 127, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, 2nd Edition (2004), Ch. 7 Page(s): 127.

Decision rationale: This patient presents with neck and thoracic back pain. The patient also has pain-induced depression, cervicogenic headaches, and posterior achy neck pain and right arm pain. The treater is requesting a referral for neurosurgical consultation. The Chronic Pain Medical Treatment Guidelines, page 127 has the following, the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The ACOEM Guidelines further states referral to a specialist is recommended in complex issues. In this case, the treater has concerns of patient's chronic headaches. A referral for consultation with a neurologist is reasonable and recommendation is for approval.