

Case Number:	CM14-0044070		
Date Assigned:	07/02/2014	Date of Injury:	04/09/2003
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 52-year-old male with date of injury of 04/09/2003. The listed diagnoses dated 03/10/2014 are: Status post PT T10 to pelvis fusion., Status post trans S1 fusion with pseudoarthrosis requiring removal and posterior spinal fusion., Rule out adjacent level disease versus transition injury, thoracic spine., Disk herniation T9-T10 measuring 5 to 6 mm without significant spinal stenosis., and T7-T8 central and left paracentral subligamentous herniation, 2 mm anteroposterior, and 4 mm cephalocaudal. According to the progress report dated 03/20/2014, the patient complains of increased pain in the upper back region above his most recent surgery with increased spasms in the mid and lower back region extending into the buttocks. He had an MRI that showed multilevel bulges. The MRI is concordant with the location of his pain in his thoracic region at the site of his Harrington rods and above where they were placed. In addition he has still been experiencing some electrical shooting pains in his left hip region. In the past he has benefited from therapeutic TPI injections helping to reduce his spasms by greater than 80% which increased his overall ROM. The physical exam shows tenderness at the facet joint lines and thoracic paraspinal muscles. Palpable twitch positive trigger points were noted in the thoracic paraspinal muscles. Range of motion of the thoracic spine is normal with both flexion and extension without pain. Paralumbar and quadratus lumborum muscles bilaterally illicit twitch response radiation through lumbar spine and slightly into buttocks with palpation. The patient's gait appears to be normal. Motor strength is grossly normal. Upper and lower extremity sensation is grossly intact. The utilization review denied the request on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One thoracic epidural injection at T9-T10: Upheld

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

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

Decision rationale: This patient presents with back pain. The treater is requesting 1 thoracic epidural injection at T9-T10. The MTUS Guidelines page 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. In addition, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The records show that the patient received several lumbar epidural steroid injections in 2003 from which the patient reported "mild improvement with epidural." The MRI of the thoracic spine dated 02/17/2014 showed a 2-mm protrusion/subligamentous extrusion which has extended superior to this level for a length of 5 to 6 mm without significant spinal stenosis at T9-T10. The progress report dated 03/20/2014 notes tenderness at the thoracic paraspinal muscles and facet joint lines. Motor strength is grossly normal, and upper and lower extremity sensation is grossly intact. In this case, the patient does not present with any radiating symptoms into thoracic cage to denote radiculopathy. The patient's previous ESI did not produce at least 50% improvement lasting 6 to 8 weeks with functional improvement as required by MTUS. Recommendation is for denial.