

Case Number:	CM14-0044078		
Date Assigned:	07/02/2014	Date of Injury:	04/09/2003
Decision Date:	08/25/2014	UR Denial Date:	04/03/2014
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 and is licensed to practice in Nevada. 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 injured worker is a 52-year-old male was reportedly injured on April 9, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 30, 2014, indicates that there are ongoing complaints of upper back pain along with spasms in the mid and lower back. Current medications include Cymbalta, Kadian, Neurontin, Norco and Aleve. Pain is stated to be 7/10 without medications and 5/10 with medications. The physical examination demonstrated tenderness over the thoracic paraspinal muscles and facet joints. There was normal cervical spine and thoracic spine range of motion. Examination of the lumbar spine showed tenderness over the lumbar into vertebral spaces. Lumbar spine range of motion was guarded. Palpable trigger points were noted over the thoracic and lumbar spine. There was normal neurological examination of the upper and lower extremities. Diagnostic imaging studies of the thoracic spine revealed a disc herniation at T9-T10 without significant spinal stenosis. Previous treatment includes three previous back surgeries and trigger point injections. A request was made for an intralaminar injection at the T9-T10 under fluoroscopy with anesthesia and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Intralaminar injection at T9-10 under fluoroscopy and anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) criteria for use Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of a radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A review of the medical record does not indicate that there are radicular findings on physical examination. Additionally imaging studies do not confirm any neurological involvement. For these reasons this request for an intralaminar injection at T9-T10 under fluoroscopy with anesthesia is not medically necessary.