

Case Number:	CM14-0050224		
Date Assigned:	07/09/2014	Date of Injury:	04/18/2013
Decision Date:	08/27/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 04/18/2013 when she fell back over a bush. The injured worker's diagnoses were lateral epicondylitis of the right elbow, sprain and strain of unspecified site of the right shoulder and upper arm, sprain of lumbosacral joint ligament, sprain of thoracic region, mononeuritis of the upper limb unspecified, cervicgia, chronic pain syndrome, low back pain, myalgia, and depression. The injured worker's past treatments included physical therapy, chiropractic treatments, acupuncture, physical therapy of the hand and medication. The injured worker's prior diagnostics included an MRI of the thoracic spine dated 12/12/2013. Impression was degenerative disc disease at T6-7 and T10-11. There was very small left paracentral disc protrusion at C6-7 that contacts the spinal cord but does not entrap the spinal nerve. There was a then 1 mm to 2 mm diameter syrinx cavity from the T4-5 level down to T7-8. The injured worker complained of persistent tightness with burning, aching, and stabbing pain to her mid back and rated her pain at 9/10 without medication and 3/10 to 4/10 with medication. She continued to have numbness on the upper half of her buttocks and into her left foot. The injured worker reported that her symptoms are relieved with rest, medication, ice, and physical therapy. On physical examination dated 06/11/2014, there was trigger point tenderness bilaterally at T4-8 and L4-S1. Range of motion flexion fingertips to knee, extension at 10 degrees with pain, lateral flexion fingertips to mid thigh with pain, and rotation 30 degrees with pain. Straight leg raise is positive on the right. The injured worker's medications were oxycodone/acetaminophen (Percocet), ibuprofen 600 mg, Lidoderm patch. The treatment plan is for the request of epidural steroid injection on T6-7. The rationale for the request was not submitted with documentation. The Request for Authorization form dated 01/16/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection on T6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections page(s) 46 Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical and corroborated on an MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There is a lack of documentation of radiculopathy on the most recent physical examination. There was no evidence of neurological deficits. In addition, there was no documentation of conservative care directed toward the thoracic spine. As such, the request is not medically necessary.