

Case Number:	CM14-0052049		
Date Assigned:	07/07/2014	Date of Injury:	02/14/2013
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 being treated for thoracic sprain caused by a work injury on 02/14/2013. He was pushing a 200 pounds cart attached to a railing when he felt pain in his right shoulder and upper back because he needed to apply extra force to push the cart as the rail was bent and not working well. He went to his company doctor who examined him and did an X-ray. The X-ray came back normal and he was told he had sprained his shoulder. He was given prescription of Tramadol, and Ibuprofen. He was prescribed two days a week physical therapy for two weeks, and regular duty. The injured worker has continued to experience pain in his right shoulder and upper back. The pain spreads to involve his right upper limb. It is made worse by activities requiring the use of his right arm; and prolonged standing or bending. The physical examination is unremarkable except for mild limitation in right shoulder range of movement. The Thoracic MRI is unremarkable but for Kyphosis, mild degenerative changes, and restricted range of motion. He has been treated with Norco, Prilosec due to gastritis. A request for epidural steroid injection has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection in the thoracic spine at T10-T11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>.

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

Decision rationale: While the MTUS recommends epidural steroid injection as an option for the treatment of clinically diagnosed lumbosacral radicular pain, and a confirmed radiculopathy by either MRI or Nerve studies, there is no recommendation for Epidural steroid injection for thoracic conditions. Also, the injured worker does not have a documentation of radicular pain, and MRI or Nerve studies confirming presence of radiculopathy.

Epidural Steroid Injection in the thoracic spine at T11-T12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>.

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

Decision rationale: While the MTUS recommends epidural steroid injection as an option for the treatment of clinically diagnosed lumbosacral radicular pain, when radiculopathy is confirmed by either MRI or Nerve studies, there is no recommendation for Epidural steroid injection for thoracic conditions. Also, the injured worker does not have a documentation of radicular pain, and MRI or Nerve studies confirming presence of radiculopathy.