

Case Number:	CM14-0062776		
Date Assigned:	07/11/2014	Date of Injury:	01/04/2013
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine, 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 26-year-old female who has submitted a claim for neck sprain, thoracic sprain, and sprain of unspecified site of back associated with an industrial injury date of 01/04/2013. Medical records from 10/09/2013 to 07/11/2014 were reviewed and showed that patient complained of mid and upper back pain graded 9/10. Physical examination revealed tenderness upon palpation over T3-6 and T9-T12 midline and paraspinous area. Motor and sensory evaluation of the thoracic spine was unremarkable. EMG of paraspinal muscles dated 05/01/2014 revealed mild T12 radiculopathy. MRI of the thoracic spine dated 05/09/2013 revealed posterior protrusion T11-12. X-ray of the thoracic spine dated 01/07/2013 revealed chronic minimal wedging of lower thoracic vertebral bodies. Treatment to date has included water aerobics, physical therapy, trigger point injections, acupuncture, and pain medications. Utilization review dated 04/28/2014 denied the request for thoracic ESI, T11-12 because there were no signs of radiculopathy on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic ESI, T11-T12: 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 Page(s): 46.

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. In this case, MRI of the thoracic spine dated 05/09/2013 revealed posterior protrusion T11-12 and likely right T12 radiculopathy. However, the patient's clinical manifestations were not consistent with signs of radiculopathy. Radicular pain was not documented in the physical exam. The functional outcome of aquatic therapy was not documented as well. It is unclear if the patient is non-responsive to conservative management. The patient did not meet the criteria for ESI per guidelines recommendation. Therefore, the request for Thoracic ESI, T11-T12 is not medically necessary.