

Case Number:	CM14-0067418		
Date Assigned:	07/11/2014	Date of Injury:	02/19/2002
Decision Date:	12/22/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

This 59 year old male sustained a work related injury on 2/19/2002. The current diagnoses are brachial neuritis or radiculopathy, thoracic disc protrusion, thoracic compression, lumbar radiculopathy, and status post lumbar surgery (2000). According to the progress report dated 02/10/2014, the injured workers chief complaints were constant neck pain radiating to the upper extremities with numbness and tingling, constant mid back pain, 8/10 on a subjective pain scale, constant low back pain radiating to lower extremities with numbness and tingling, 8/10. The physical examination revealed tenderness of the cervical and lumbar spine with spasm, thoracic spine tenderness, and restricted range of motion to the cervical, thoracic, and lumbar spine. On this date, the treating physician prescribed thoracic transforaminal epidural steroid injection, which is now under review. The records show that on 2/7/2014 the injured worker underwent a thoracic epidural steroid injection. According to documentation, he had decreased pain and was able to decrease medications. Work status was deferred to a primary treating physician. On 04/19/2014, Utilization Review had non-certified a prescription for 1 bilateral thoracic transforaminal epidural steroid injection at T1-2, T2-3 and 1 urine drug screen. The epidural steroid injection was non-certified based on repeat injection guidelines. Recommended guidelines indicate repeat blocks are only appropriate with six to eight weeks of at least 50% pain relief. The treating physician requested a second injection three days after the first. The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Thoracic Transforaminal Epidural Steroid Injection at T1-2, T2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical and Thoracic (Acute and Chronic)

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

Decision rationale: This 59 year old male sustained a work related injury on 2/19/2002. The current diagnoses are brachial neuritis or radiculopathy, thoracic disc protrusion, thoracic compression, lumbar radiculopathy, and status post lumbar surgery (2000). The patient underwent a thoracic epidural steroid injection on 2/7/14. Follow-up report of 3/5/14 from the provider noted the patient with chronic neck, mid back and low back pain radiating to the upper and lower extremities rated at 6-7/10 with and 9/10 without medications. It was noted the patient had pain relief with reduced need for medications; however, the medications and dosing remained unchanged along with clinical findings without evidence for functional improvement. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 2002 injury. Criteria for repeating the epidurals have not been met or established. The 1 Bilateral Thoracic Transforaminal Epidural Steroid Injection at T1-2, T2-3 is not medically necessary and appropriate.

1 Urine Drug Screen: 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 Drug Testing Page(s): 43.

Decision rationale: This 59 year old male sustained a work related injury on 2/19/2002. The current diagnoses are brachial neuritis or radiculopathy, thoracic disc protrusion, thoracic compression, lumbar radiculopathy, and status post lumbar surgery (2000). The patient

underwent a thoracic epidural steroid injection on 2/7/14. Follow-up report of 3/5/14 from the provider noted the patient with chronic neck, mid back and low back pain radiating to the upper and lower extremities rated at 6-7/10 with and 9/10 without medications. It was noted the patient had pain relief with reduced need for medications; however, the medications and dosing remained unchanged along with clinical findings without evidence for functional improvement. Request included medications listing Robaxin, Terocin cream, topical compound Flurbiprofen, Gabacyclotram, Genocin, and Somnicin. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term medication for this chronic 2002 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The request is not medically necessary and appropriate.