

Case Number:	CM14-0079890		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2013
Decision Date:	08/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Pain Management 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 is a female patient with the date of the injury of July 18, 2013. A utilization review determination dated May 8, 2014 recommends non-certification of a thoracic T 10-11 or T 10-11-12 epidural steroid injection. A progress note dated April 25, 2014 identifies significant discomfort in the lower thoracic spine, report of the patient continuing to work 35 to 40 hours a week with modification, and report of persistent pain affecting the lower thoracic area to the right of the midline. Physical examination identifies discomfort to the right lower thoracic spine near T8 to T11, increased pain with flexion and rotation of thoracic spine more so to the right than the left, rotation is 30 to the right and 40 to the left, motor strength is intact in both upper and lower extremities, and there is slight decrease in light touch sensation to the right of the midline from T9 to T11. The diagnosis is thoracic disc injuries with back pain and possible radiculopathy. The treatment plan recommends a thoracic epidural injection at T10-11 or T 10 - 11-12 (depending on the patient's anatomy) to address the patient's persistent thoracic pain. An MRI of the thoracic spine dated November 18, 2013 identifies mild dextrorotocoliosis of the upper to mid thoracic spine with broad based accentuation of the thoracic kyphotic curvature. At T5-T6 there is a broad-based central protrusion measuring up to 2 mm, a smaller one at T6 - T7 measuring 1 to 2 mm, and an even smaller one at T7-T8 and T8 - T9 with increased signal along the disc periphery suggestive of annular tears at those levels. At T1-T2 there is a 1 mm disc protrusion with a possible annular tear, and there is minimal central and right paracentral disc bulging versus subtle protrusion noted at T10-T11. A progress note dated June 3, 2014 identifies subjective complaints of continued pain affecting the thoracic area, localized pain in the mid thoracic spine that is worsened with prolonged sitting, bending, twisting, and attempting to lift heavy items. There is no significant change in the physical examination findings in comparison to the prior visit. The treatment plan recommends a re-request for a thoracic epidural injection

with a statement indicating that the patient's sensory deficit is consistent with the complaints of thoracic disc injury and with radiculopathy. Also there is a statement that the human anatomy makes it difficult to diagnose radiculopathy in the thoracic spine because there is no associated appendage over the span from T-1 to T 12. There is recommendation for a course of conservative care or a second epidural injection depending if the patient benefits from the first epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural Injection at T10-11 or T10-11-12: 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 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: Regarding the request for a T10-11 or T10-T11-T12 thoracic epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints of radiculopathy in a specific dermatomal distribution. Also, there is no documentation indicating that the patient has tried and failed conservative treatment such as exercises, physical methods, NSAIDs and muscle relaxants. In the absence of such documentation, the currently requested T10-11 or T10-T11-T12 thoracic epidural injection is not medically necessary.