

Case Number:	CM14-0081448		
Date Assigned:	07/18/2014	Date of Injury:	06/02/1993
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 injured worker is a 59 year-old male who reported injury on 06/02/1993. The mechanism of injury was not submitted in report. The injured worker has a diagnosis of thoracic spine pain with disc protrusion at the T4-5, T6-7, T7-8 and T8-9. Past medical treatment includes epidural steroid injections, acupuncture and medication therapy. The submitted reports do not indicate what type of medications the injured worker was taking, it only states that there are muscle relaxants, NSAIDs and Flector patches as needed for maintenance of pain medication. An MRI of the thoracic spine was obtained on 10/29/2012. The injured worker complained of thoracic spine pain. The injured worker described it as a shooting pain along the ribs. The injured worker had previous thoracic epidurals, which benefitted from 60% to 70% relief of pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 06/12/2014 revealed that the injured worker had tenderness at the T5-7, more on the left side of midline than the right side. He was able to rotate to the right and left 90 degrees with minimal mid back discomfort. He had increased pain when he tried to thrust his right shoulder forward with his arm flexed forward. The plan is for the injured worker to continue to receive ESIs of the thoracic spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

T4-7 Thoracic Epidural Injection: Upheld

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

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

Decision rationale: The request for T4-7 Thoracic Epidural Injection is not medically necessary. The injured worker complained of thoracic spine pain. The injured worker described it as a shooting pain along the ribs. The injured worker had previous thoracic epidurals, which benefitted from 60% to 70% relief of pain. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Guidelines also stipulate that most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. ESI use should be used in conjunction with other rehab efforts, including continuing a home exercise program. MTUS guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. There must not be more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The report submitted did not show failure of conservative care, only that the injured worker had tried them in the past. There was no documentation submitted on any types of medications the injured worker had been taking or is taking. Documentation also showed that the injured worker had already had ESIs in the past. Recommendations are for the use of no more than 2 injections with documentation showing that the previous first injection provided at least 50% relief. Furthermore, the MRI dated 10/29/2012, showed no signs of radiculopathy. The request did not specify what side the injured worker's lumbar spine the injections were for. As such, the request for T4-T7 transforaminal epidural injection is not medically necessary.