

Case Number:	CM14-0190913		
Date Assigned:	11/24/2014	Date of Injury:	02/23/2007
Decision Date:	03/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old male, who sustained an industrial injury on February 23, 2007. He has reported midback and left flank pain. The diagnoses have included facet arthropathy, disc rotation, and spinal stenosis. Investigations to date has included a nuclear medicine bone scan, CT scan and MRI. The patient completed physical therapy, chiropractic treatment, acupuncture, epidural injection, pain and anti-anxiety medications. On October 17, 2014, the treating physician noted midback pain with radiation into the left flank and chest wall. Prior CT had shown stenosis of the foramen at the left thoracic 9-10 and thoracic 10-11 levels, which is where he has pain. The treatment plan included a request for epidural steroid injection. On February 27, 2015, the treating physician noted progressively worsening midback pain with radiation into the left flank. The physical exam revealed increased midback pain at the apex of the thoracic spine, which is aggravated by twisting. The pain radiated to the left chest wall. Sensation and motor was intact in the upper extremity. The injured worker had an epidural injection on his own, which relieved 99% of his pain for 2 weeks. The treatment plan included a request for a diagnostic epidural steroid injection and the injured worker would like to go ahead with recommended posterior spinal fusion surgery at T9-T10 to T10-T11 is the epidural injection is unsuccessful. On November 17, 2014, the injured worker submitted an application for IMR for review of requests for 1 referral to specialist and an epidural steroid injection at left thoracic 9-10 and thoracic 10-11. The referral to specialist was non-certified based on the lack of objective evidence that confirms a radiculopathy. The epidural steroid injection was non-certified based on lack of objective evidence to corroborate the patient's symptoms of radiating pain, and

the lack of imaging studies that confirmed radiculopathy. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and Non- Medical Treatment Utilization Schedule (MTUS): State of Colorado Department of Labor and Employment were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to a pain specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87,89,127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Referrals to Specialists. Thoracic Spine Pain. Epidural Injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of thoracic spine pain and thoracic radiculopathy that did not respond to conservative treatments with medications and PT. The guidelines recommend that patients can be referred to Specialists when additional expertise is required for the treatment of the patient or when the diagnosis is complex. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnoses of thoracic spine discogenic pain and thoracic radiculopathy. The radicular pattern of the thoracic wall pain is characteristic of thoracic radiculopathy which is not accompanied by lower extremity neurological deficits as seen in lumbar radiculopathy. The criteria for Referral to Pain Specialist for evaluation for thoracic epidural steroid was met.

One epidural steroid injection (ESI) at left T9-T10 and T10 - T11: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Thoracic Spine Pain. Epidural Steroid Injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of thoracic spine pain and thoracic radiculopathy that did not respond to conservative treatments with medications and PT. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnoses of thoracic spine discogenic pain and thoracic radiculopathy. The radicular pattern of the thoracic wall pain is characteristic of thoracic radiculopathy which is not accompanied by lower extremity neurological deficits as seen in lumbar radiculopathy. The patient completed conservative treatments with medications and PT. The criteria for Referral to Pain Specialist for evaluation for left T9-T10 and T10-T11 thoracic epidural steroid injection was met.

