

Case Number:	CM15-0001867		
Date Assigned:	01/12/2015	Date of Injury:	09/13/2013
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 37 year old male was injured 9/13/13 sustaining a back injury per utilization review. Currently the injured worker complains of upper back pain (7/10), mid back pain (2-10/10) and low back pain (4/10). Medications were Mobic, transdermal creams, cyclobenzaprine and hydrocodone. He has had laboratory evaluations regarding current prescription medications. Diagnoses included chronic pain syndrome; lower back pain; sciatica; lumbar/ thoracic radiculopathy; spinal enthesopathy; 4-6 mm disc herniation L4-5; thoracic spine T8-9 right sided disc bulge and unspecified fasciitis. Treatments included physical therapy, acupuncture, cortisone injections, non-steroidal anti-inflammatory medications, transcutaneous electrical nerve stimulator (TENS), pain management, cognitive behavioral psychotherapy and various medication trials. On 11/6/14 the injured worker had a percutaneous electrical peripheral nerve stimulator-power source replacement and electrode/ needle array implant after failing all conservative treatments. The treating provider requested thoracic T 8-9 epidural steroid injection (ESI). There is evidence on physical exam of decreased sensation right greater than left T8 distribution. On 12/31/14 Utilization review (UR) non-certified the request for thoracic T 8-9 epidural steroid injection based on not meeting guideline recommendations. There was no electrophysiological evidence to support motor radiculopathy or distal peripheral neuropathy in the bilateral lower extremities; no cord compression or edema; electromyography/ nerve conduction velocity of bilateral lower extremities was unremarkable.; no evidence of the injured worker participating in a home exercise program; there were no physical therapy noted provided. In addition the injured worker was authorized for percutaneous electrical nerve stimulation

treatments four times a week over 30 days. Recommendation was to see the response to this treatment before undergoing ESI. MTUS and ODG were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic T8-9 epidural steroid injection: Overturned

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

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

Decision rationale: Thoracic T8-9 epidural steroid injection is medically necessary. There is foraminal narrowing on the thoracic MRI in the T8-T9 region. There is decreased sensation on physical exam in the corresponding dermatome. Electrodiagnostic testing does not assess these levels so it would be expected not to reveal findings in this distribution. The patient has failed conservative care and the latest Jan. 2015 progress note indicates he is still symptomatic. The request is medically appropriate and necessary.