

Case Number:	CM15-0106013		
Date Assigned:	06/10/2015	Date of Injury:	03/09/2014
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39 year old male who reported an industrial injury on 3/9/2014. His diagnoses, and/or impressions, are noted to include cervicgia; thoracic or lumbosacral neuritis or radiculitis; and sleep disturbance. Recent magnetic imaging studies of the cervical and thoracic spine were stated to have been done on 8/28/2014. His treatments have included diagnostic studies; medication management; and rest from work. The progress notes of 5/12/2015 reported complaints of moderate and radiating neck, upper and lower back pain, bilateral shoulder pain and left knee pain; and that his medications are less effective. Objective findings were noted to include crepitations and stiffness; numbness, tingling and weakness in he right upper and lower extremity; cramping; restricted cervical and lumbar spine, and left shoulder range-of-motion, with tenderness to the thoracic spinous process; and decreased sensation over the right calf and forearm. The physician's requests for treatments were noted to include thoracic epidural steroid injections for subjective complaints and objective findings of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural steroid injection T8-9 #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The claimant sustained a work-related injury in March 2014 and continues to be treated for chronic neck and back pain. When seen, there was pain radiating to the neck. There was decreased lower extremity and bilateral forearm sensation. There were no motor or reflex abnormalities. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings of radiculopathy such as a dermatomal sensory loss or reflex abnormality involving the abdominal reflex or motor weakness such as a positive Beevor's sign. There are no thoracic radicular symptoms. The request is not medically necessary.