

Case Number:	CM15-0131855		
Date Assigned:	07/20/2015	Date of Injury:	02/21/2014
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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 55 year old male, who sustained an industrial injury on February 21, 2014. The injured worker has complaints of upper back and neck pain. Cervical spine examination reveals flattened cervical lordosis and range of motion is restricted in left torsion and extension with pain and there is myofascial tenderness noted over the left trapezius muscle. The diagnoses have included cervical degenerative disc disease with chronic cervical strain primarily involving the left trapezius muscle and thoracic myofascial pain involving the left scapula. Treatment to date has included physical therapy; chiropractic treatments; acupuncture; zanaflex; mobic and magnetic resonance imaging (MRI) of the cervical spine on June 23, 2014 revealed evidence of multilevel degenerative disc disease with moderate congenital spinal canal stenosis. The request was for transforaminal epidural steroid injection at T3-T4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI at T3-T4: Upheld

Claims Administrator guideline: Decision based on MTUS 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 injury February 2014 and continues to be treated for chronic pain. When seen, he was having mid back pain with left-sided radicular complaints. Physical examination findings included cervical tenderness with paraspinal muscle trigger points. Authorization is being requested for a left-sided T3-4 transforaminal epidural steroid injection. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, there are no physical examination findings, such as decreased sensation in a dermatomal distribution, or reported imaging findings that support a diagnosis of thoracic level radiculopathy. The requested thoracic epidural steroid injection was not medically necessary.