

Case Number:	CM15-0140838		
Date Assigned:	07/30/2015	Date of Injury:	09/14/2014
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male, who sustained an industrial injury on 9-14-14. He reported back pain mainly in the thoracic region. The injured worker was diagnosed as having a 3mm disc protrusion at T8-9 with borderline encroachment on the thoracic spinal cord and a 2mm disc protrusion at T6-7 with borderline encroachment the left ventral thoracic spinal cord. Treatment to date has included physical therapy, TENS, the use of a cane, and medication. Physical examination findings on 6/1/15 included an area of soreness and tenderness to the left of the mid lower thoracic region with no localized tenderness of the posterior spinous processes of the thoracic and lumbar spines. Currently, the injured worker complains of thoracic spine pain with difficulty walking. The treating physician requested authorization for a thoracic epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 47.

Decision rationale: This patient presents with mid back pain. The current request is for a Thoracic Epidural Steroid Injection. The RFA is dated 07/01/15. Treatment to date has included physical therapy, TENS, the use of a cane, and medication. The patient is not working. MTUS Chronic Pain Guidelines, page 46, 47, regarding Epidural Steroid Injections state "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiographic report for the thoracic spine from 06/04/15 noted "sagittal and coronal alignment is within normal limits. Vertebral body heights are within normal limits with no evidence of compression fracture. No significant degenerative changes are noted." MRI of the thoracic spine from 05/06/15 revealed at T8-9 a 3mm left central disc protrusion, at T6-7 there is a 2mm left disc protrusion and T7-8 and T9-10 showed 1 mm disc protrusion without cord impingement or stenosis. According to progress report 06/04/15, the patient presents with thoracic spine pain. There is weakness in both legs. Examination revealed slow and guarded gait. There is decreased range of motion with severe pain and tenderness in the lumbosacral midline. The treater states in order to address the findings from the MRI of the thoracic spine, recommendation is for a thoracic epidural steroid injection. In this case, while the MRI showed significant disc protrusion at T8-9, there is no documentation of radicular symptoms. There is no description of exactly where the pain is to correlate the MRI findings with the symptoms. The guidelines do not support ESI's unless radiculopathy is clearly documented via symptom location, examination findings and corroborating radiographic studies. The request IS NOT medically necessary.