

Case Number:	CM15-0144621		
Date Assigned:	08/05/2015	Date of Injury:	01/03/1994
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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 61 year old male, who sustained an industrial injury on 1-3-94. The injured worker has complaints of low back and leg pain and knee pain. The documentation noted paravertebral tenderness and paraspinal tenderness. Straight leg raising test is positive on the right at 65 degrees. The diagnoses have included low back pain; lumbar disc pain and chronic pain syndrome. Treatment to date has included multiple knee surgery; multiple right shoulder surgeries; cervical fusion; kadian; lidoderm patch and morphine sulfate. The request was for transforaminal epidural steroid injection T7-T8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection T7-T8: Upheld

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

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 has a remote history of a work-related injury in January 1994 and is being treated for low back and leg, knee, and radiating thoracic pain. When seen, there was an antalgic gait with a cane. There was lumbar tenderness with positive right straight leg raising. There were radiating symptoms at T7-8. An MRI of the thoracic spine in April 2015 showed abnormal hyperintensity at T6 without neural compromise. 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 abdominal reflex or abdominal strength abnormality such as might be detected through Beevor's testing that support a diagnosis of a mid thoracic radiculopathy. Imaging of the thoracic spine is negative for any neural compromise. The requested thoracic epidural steroid injection was not medically necessary.