

Case Number:	CM15-0186897		
Date Assigned:	09/28/2015	Date of Injury:	04/11/2010
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/22/2015

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 45 year old female, who sustained an industrial injury on 4-11-2010. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic back pain, thoracic radic at T7-8 level on the left, cervicgia, cervical radic, and myofascial pain. On 8-13-2015, the injured worker reported left sided thoracic pain status post a fall at work with occasional radiation of pain to her chest, with neck pain with radiation down her left arm, and numbness and tingling of hands and feet. The Treating Physician's report dated 8-13-2015, noted the injured worker's pain was present constantly, only improved with change of position and lying down. Physical therapy was noted to have relieved pain, and trigger point injection in the past was noted to have provided partial relief of the pain. The documentation provided did not include previous trigger point injection information including date and objective results. H-wave was noted to help decrease the injured worker's pain and allowed her to sleep, with Motrin helping but had not been approved, and Baclofen noted to cause her to be sleepy with headaches and did not help with the pain. The injured worker was noted to have been helped by the LidoPro and Terocin creams but "one of them is worsening her migraines". The physical examination was noted to show the injured worker's neck and back with tenderness to palpation, FROM, and pain worse with extension-flexion-rotation-and lateral flexion. Sensation to light touch was noted to be decreased in the left arm with no hyperalgesia-allodynia-dysesthesia. The treating physician indicates that an 8-6-2015 thoracic MRI showed a T7-T8 small left paracentral protrusion without stenosis. Prior treatments have included trigger point injections, acupuncture, at least 12 sessions of physical therapy, TENS, H-wave, and chiropractic

treatments. The Physician noted the treatment plan was noted to include cervical and thoracic MRIs given the injured worker's signs and symptoms consistent with radiculopathy, continued Motrin, use of Lidopro and Terocin separately to identify which was causing headaches, continued H-wave as she had 12 weeks of physical therapy and TENS unit therapy without adequate relief, and request for authorization for T7-T8 TESI. The request for authorization was noted to have requested a fluoroscopy guided thoracic ESI at T7-8. The Utilization Review (UR) dated 8-20-2015, non-certified the request for a fluoroscopy guided thoracic ESI at T7-8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy guided thoracic ESI at T7-8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in April 2010 and is being treated for left sided thoracic pain with occasional radiating symptoms and radiating neck pain after a fall. An MRI of the thoracic spine included findings of a small left lateralized T7-8 disc herniation without canal stenosis or foraminal narrowing. Physical therapy has provided relief of her pain in the past and there has been atrial pain relief after trigger point injections. When seen, there was cervical and back tenderness and pain with range of motion. There was decreased left upper extremity strength. There was decreased left arm sensation. A thoracic epidural steroid injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings of thoracic level radiculopathy such as segmental sensory loss or evidence of asymmetric abdominal reflex response or abdominal muscle weakness which might be accessed through testing for Beevor's sign. Imaging of the thoracic spine is negative for neural compromise. Left upper extremity findings would not correlate with a thoracic disc herniation at the T7/8 level. The requested epidural steroid injection is not medically necessary.