

Case Number:	CM15-0029470		
Date Assigned:	03/25/2015	Date of Injury:	09/19/1994
Decision Date:	05/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 52 year old man sustained an industrial injury on 9/19/1994. The mechanism of injury is not detailed. Diagnoses include sacroiliac joint dysfunction, thoracic spondylosis without myelopathy, left upper thoracic facet arthropathy, lumbar radiculopathy, lumbar degenerated disc disease, cervical myofascial pain syndrome, chronic pain, anxiety disorder, paranoia, and major depression. Treatment has included oral medications, epidural injections and spinal cord stimulator implant. Physician notes dated 11/7/2014 show complaints of increased cervical spine pain with radiculopathy to both upper extremities. There was also thoracic pain radiating to the anterior chest wall. Recommendations include refills of Oxycontin, Percocet, Lyrica, and Voltaren, continue physical therapy home exercise program, moist heat, stretches, and follow up in one month. On 8/19/2014, it was noted that the 8/1/2014 thoracic epidural injection did provide mild pain relief but the thoracic pain had returned. The 12/8/2014 cervical epidural steroid injection resulted in a significant reduction in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural Steroid Injection Anesthesia, Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 01/19/15), Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5, 9792.23.19792.21 Page(s): 46, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and upper Back Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be repeated if there is documentation of sustained significant pain relief following a prior epidural injection. The records showed that the patient did not report significant pain relief or functional restoration following the 8/1/2014 thoracic epidural steroid injection. There was no documentation of reduction in pain scores or reduction in medication utilization. The records show that the patient had a functioning spinal cord stimulator for pain relief. The records showed that the 12/8/2014 cervical epidural steroid injection was more beneficial than the thoracic injection. The criteria for thoracic epidural steroid injection - fluoroscopic guided under anesthesia was not met.

X-Rays: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be repeated if there is documentation of sustained significant pain relief following a prior epidural injection. The records showed that the patient did not report significant pain relief or functional restoration following the 8/1/2014 thoracic epidural steroid injection. There was no documentation of reduction in pain scores or reduction in medication utilization. The records show that the patient had a functioning spinal cord stimulator for pain relief. The records showed that the 12/8/2014 cervical epidural steroid injection was more beneficial than the thoracic epidural injection. The criteria for the thoracic epidural steroid injection was not met. Therefore, the criteria for the use of X-ray for the procedure was not met.