

Case Number:	CM15-0216837		
Date Assigned:	11/06/2015	Date of Injury:	05/15/2014
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 44 year old male who sustained an industrial injury on 5/15/2014. The injured worker's diagnoses include left wrist fracture status post ORIF and compression fracture at T12 with a loss of approximately 70% of the anterior body height and chronic low back pain. His treatment to date includes being placed in a lower back hard clamshell brace for approximately 4 months, physical therapy, thoracic epidural injection, and medications to include Ibuprofen, Norco, Flexeril, and Enulose. Per the treating neurosurgeon's progress note dated 8/6/15, the injured worker has had chronic back pain now for over a year subsequent to a fall and states the injured worker's persistent pain is likely not due to the fracture which should be well healed by now, but due to the ligamentous injury he suffered at the time of the fracture. Per the treating physician's note dated 9/28/2015 the injured worker had a thoracic epidural injection on 5/19/2015 and he reports significant pain relief. He reports after the injection he was able to sleep better and take less medication. However, he states he continues with constant pain with radiation to his left hip, thigh, and ankle. He reports his pain is 8 out of 10 and was described as sharp, deep, achy, and burning in nature and is constant. The injured worker also reports a burning sensation to his left wrist and mid back pain with bilateral hip radiation. He reports the pain is worse while walking, standing, and sleeping. Per the physical exam he has pain and paresthesia over the lumbar spine, buttock, back of right thigh, and his calf. His hip flexion was normal at 90 degrees, extension at 15 degrees, and he has normal adduction and abduction limited to 15-20 degrees. He has slight limping and leaning to the right. Per the treating physician's progress note dated 10/27/2015, his wrist is doing well and has reached

permanent and stationary status. He continues to report back pain and it keeps him awake at night. His physical exam shows his left wrist with restricted range of motion. He continues to have palpable tenderness at the thoracolumbar junction and he reports pain with extension and flexion in this area. His work status is modified duty, but none is available so he is not working. The treating physician is requesting scleral therapy to the thoracic spine as recommended by the neurosurgeon. His current pain medications include Ibuprofen 800mg and Norco 7.5mg. His MRI of the thoracic spine report dated 6/20/2015 shows a moderate compression fracture of T12 with minimal retropulsion of the posterosuperior margin causing minimal mass effect upon the thecal sac and ventral aspect of the cord. There is only mild segmental narrowing. There is no foraminal encroachment identified. There is mild degenerative disc disease demonstrated throughout the remainder of the thoracic spine. The UR dated 10/6/20/15 has a treatment request to include thoracic epidural steroid injection at T12 with fluoroscopy for the T12 burst fracture, denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection at T12 with fluoroscopy for the T12 burst fracture:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for Thoracic epidural steroid injection at T12 with fluoroscopy for the T12 burst fracture, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested Thoracic epidural steroid injection at T12 with fluoroscopy for the T12 burst fracture is not medically necessary.