

Case Number:	CM15-0219437		
Date Assigned:	11/12/2015	Date of Injury:	12/23/2013
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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, District of Columbia, Maryland
 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:

The injured worker is a 27 year old male who sustained an industrial injury on 12-23-13. A review of the medical records indicates he is undergoing treatment for cervical disc disease with disc herniation and cervicogenic headaches, thoracic disc protrusion, lumbar disc protrusion with lumbar facet syndrome, left shoulder internal derangement, and right and left knee internal derangement. Medical records (4-29-15, 6-10-15, 7-28-15, 9-23-15, and 10-7-15) indicate ongoing complaints of cervical, thoracic, and lumbar spine pain, as well as left shoulder and bilateral knee pain. He reports left scapular numbness with overhead use and "chest presses" (9-23-15). He also complains of insomnia. The 10-7-15 record indicates that his pain is "mostly across the mid back". He reports difficulty straightening or bending his mid back area. He also reports that he is sleeping "poorly". He rates his pain "8 out of 10". The physical exam (10-7-15) reveals "significant" tenderness along the T8, T9, and T10 thoracic paraspinal muscles bilaterally. The lumbar spine reveals diminished range of motion and tenderness to palpation along the posterior lumbar paraspinal muscles. Diagnostic studies have included MRIs of the thoracic and lumbar spine and an EMG-NCV study of bilateral upper extremities. Treatment has included medications, trigger point injections, chiropractic treatment, and physical therapy. He is not working. The treatment recommendations include a diagnostic transforaminal epidural steroid injection at T9-T10 bilaterally and continuation of medications. The utilization review (10-28-15) includes a request for authorization of bilateral transforaminal T9-10 epidural steroid injections. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal T9/10 Epidural steroid injection: Upheld

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. MRI of the thoracic spine dated 6/10/14 revealed at T9-T10 disc desiccation, 3mm at the right central and foraminal disc osteophyte complex which indents the thecal sac. Per physical exam, significant tenderness was noted along the T8, T9, and T10 thoracic paraspinal muscles bilaterally. The documentation submitted for review does not contain physical exam findings of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.