

Case Number:	CM15-0030263		
Date Assigned:	02/23/2015	Date of Injury:	08/19/2009
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old female who sustained an industrial related injury on 8/19/09. The injured worker had complaints of back pain with muscle spasms. A lesion was noted in the thoracic spine. Diagnoses included thoracic pain with question of thoracic disc disease, movement disorder of uncertain etiology, mood disorder, and nonindustrial tibial fracture of the left leg. Treatment included Botox injections, other trigger point injections for the mid thoracic area, and physical therapy. Medication included Codeine Sulfate. The treating physician requested authorization for thoracic epidural injections at T4-5, T5-6, and T6-7. On 1/15/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of documentation showing the injured worker has imaging studies or electrodiagnostic results confirming the presence of radiculopathy. Also the guidelines state that no more than 2 nerve root levels should be injected. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural Injection T4-5, T5-6, T6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefits, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination or EMG/NCV study documenting radiculopathy. MTUS guidelines do not recommend epidural injections without radiculopathy. Therefore, Lumbar transforaminal epidural steroid injection to the L5-S1, right S1 selective nerve root block is not medically necessary.