

Case Number:	CM15-0030380		
Date Assigned:	02/24/2015	Date of Injury:	10/15/2012
Decision Date:	04/15/2015	UR Denial Date:	01/23/2015
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 York
 Certification(s)/Specialty: Internal 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 was a 27 year old male, who sustained an industrial injury, October 15, 2012. According to progress note of February 10, 2015, the injured workers chief complaint was back pain. The injured worker described the pain as moderate to severe, rating 6 out of 10 without pain medication and 4 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The pain was located in the lower back, gluteal area and the knees. The injured worker described the pain as aching, deep, dull, shooting and stabbing. The symptoms were aggravated by bending, changing positions, coughing, daily activities, descending stairs, extension, flexion, jumping, pushing and rolling over in bed, sneezing, standing and twisting. The injured worker had received L5-S1 intra-articular facet cortisone injections last January 3, 2013 and bilateral L3, L4, L5 medial branch nerve Rhizotomies April 21, 2014; receiving 50% in relief and improved sleep, improved ability to bend forward. The injured worker states now prolonged bending the pain was slowly returning. The physical exam noted pain over the facet joints, worse with loading maneuvers, normal gait, with moderate spasms, sacroiliac joint painful right and left. The injured worker was diagnosed with back problem, chronic low back pain, degeneration of lumbar intervertebral disc, low back pain and lumbosacral spondylosis without myelopathy. The injured worker previously received the following treatments physical therapy, TENS (transcutaneous electrical nerve stimulator) unit, stretching, bilateral L4-L5, L5-S1 intra-articular facet cortisone injections last January 3, 2013 and bilateral L3, L4, L5 medial branch nerve Rhizotomies April 21, 2014, Nucynta ER, Ibuprofen, Tizanidine, Tramadol and Acetaminophen. January 12, 2015, the primary treating physician requested authorization for an epidural injection

Thoracic T7-T8. January 23, 2015, the Utilization Review denied authorization for an epidural injection Thoracic T7-T8. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Thoracic T7-8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the claimant does not have a diagnosis of thoracic radiculopathy as documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. Medical necessity for the requested item is not established. The requested thoracic epidural steroid injection is not medically necessary.