MAXIMUS Federal Services

Case Number:	CM15-0031025		
Date Assigned:	02/24/2015	Date of Injury:	12/20/2011
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial injury on December 20, 2011. The mechanism of injury is unknown. The diagnoses have included intervertebral disc disorder with myelopathy thoracic region and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included physical therapy, acupuncture, TENS unit, chiropractic treatment, right transforaminal thoracic epidural steroid injection and medications. Currently, the injured worker complains of moderate to severe thoracic spinal pain, muscle spasms and stiffness as well as right shoulder pain. The pain was rated an 8-10 on a 0-10 pain scale. Associated symptoms included muscles spasms, a burning sensation and stiffness in the lower thoracic spine area. The pain was worse with prolonged sitting, standing and walking for more than 5-10 minutes. Notes stated that his current pain medications were not helping his pain levels for sleep. A right transforaminal thoracic epidural provided 60% pain relief for four months. During the pain relief period, he had significant improvement in function and activities of daily living. A progress report dated January 12, 2015 includes a summary of an undated MRI of the thoracic spine which states that there is a 3 mm disc bulge with osteophyte combination causing moderate narrowing of the neural foramina at T10-11. The report goes on to identify decreased sensation in the T10-11 dermatome. On January 21, 2015, Utilization Review non-certified right thoracic transforaminal epidural injection under fluoroscopy at T10-T11, noting the CA MTUS Guidelines. On February 19, 2015, the injured worker submitted an application for Independent Medical Review for review of right thoracic transforaminal epidural injection under fluoroscopy at T10-T11.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural injection under fluoroscopy at T10-T11: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for thoracic epidural steroid injection, California MTUS does not address thoracic epidurals. Chronic Pain Treatment Guidelines state 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. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. Additionally, previous epidurals have resulted in over 50% pain relief with improved function for over 4 months. As such, the currently requested right transforaminal epidural injection under fluoroscopy at T10-T11 is medically necessary.