

Case Number:	CM15-0035746		
Date Assigned:	03/04/2015	Date of Injury:	06/29/2014
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on June 29, 2014. She has reported back pain and has been diagnosed with sacroiliitis, low back pain, thoracic herniated nucleus pulposus, and lumbar spondylosis. Treatment has included physical therapy, brace, activity modifications, medications, and epidural injections. Currently the injured worker complains of pain across the midback with referral around the right ribcage in the lower aspect. There was aching, sharp pain in the right lower back/buttock. The treatment plan included medication and injection. On February 5, 2015 Utilization Review non-certified T7-8 epidural injection citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

T7-8 Epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The patient presents with back pain, with radiation into the right lower extremity. The current request is for T7-8 Epidural Injection. The treating physician states, "In the thoracic spine, there is a T7-8 disk protrusion centrally. Potentially, this could cause her pain and the referral pattern that she describes. Her referral pattern is around the right ribcage, a couple inches above the umbilicus. There is a disk protrusion at T8-9, but it is on the left side and would not clinically correlate. I have offered a T7-8 epidural, also, and she would like to move ahead with that." (B.34) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the patient has not previously received a thoracic ESI. The physician has documented that there is rib cage referred pain and there are corroborative findings of T7/8 disc protrusion. The current request is medically necessary and the recommendation is for authorization.