

Case Number:	CM15-0046346		
Date Assigned:	03/18/2015	Date of Injury:	07/15/2010
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/11/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 44 year old female who sustained a work related injury on July 15, 2010, incurring back injuries. She was diagnosed with thoracic radiculitis, thoracic wedge fracture, and lumbosacral spondylosis without myelopathy, cervical radiculopathy, and lumbosacral sprain. Treatment included physical therapy, chiropractic manipulation, anti-inflammatory drugs, and pain medications. Currently, the injured worker complained of persistent knee, ankle, neck and low back pain. The treatment plan that was requested for authorization included thoracic epidural steroid injection of the thoracic spine under monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Epidural Steroid Injection at T5-6 under monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections; Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: Guidelines recommend thoracic epidural steroid injection for treatment of radiculopathy, which has been diagnosed by physical examination and corroborated by imaging studies. In this case, the imaging study demonstrates no evidence of neurologic compromise and physical exam noted painful range of motion and tenderness to palpation. Due to the lack of evidence of neural compression on MRI and lack of evidence of thoracic radiculopathy on exam, the request for thoracic epidural steroid injection was not medically appropriate and necessary.