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| Case Number: | CM15-0053844 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 12/04/2013 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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: 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 (IW) is a 32-year-old male who sustained an industrial injury on 12/04/2013. He reported pain in the upper back and left shoulder. The injured worker was diagnosed as having degeneration of thoracic intervertebral disc. Treatment to date has included anti-inflammatory medications, acupuncture, and muscle relaxants. Currently, the injured worker complains of pain in the upper back and left shoulder with numbness, parenthesis, and weakness. A plan of treatment includes continuation of his medications for pain and muscle spasm, therapeutic exercise, and an epidural steroid injection. A request for authorization is submitted for T6-T7 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

T6 - T7 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. MTUS Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. MRI magnetic resonance imaging of the thoracic spine dated 5/23/14 documented that the T6-7 neural foramen were patent. At T6-7, there was a 3 mm posterior central disc protrusion, which does not result in significant spinal stenosis. The T6-7 neural foramen were patent. The primary treating physician's progress report dated 1/29/15 did not document T6-7 radicular pain. There was no documented consideration for open surgical procedures for nerve root compromise. The request for T6-T7 epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for T6-T7 epidural steroid injection is not medically necessary.