

Case Number:	CM15-0058579		
Date Assigned:	04/03/2015	Date of Injury:	11/18/2009
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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

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 56 year old male, who sustained an industrial injury on 11/18/2009. He reported injuries from a motor vehicle accident. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet osteoarthritis, lumbosacral radiculopathy, chronic pain syndrome and lumbago. Thoracic magnetic resonance imaging from 2011 showed disc protrusions at thoracic 7-9 with fissures. Treatment to date has included aqua therapy, lumbar radio frequency ablation and medication management. In a progress note dated 2/20/2015, the injured worker complains of chronic neck and low back pain, taking Ibuprofen for relief. The treating physician is requesting bilateral thoracic 7-8 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral (Thoracic) T7-T8 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Bilateral (Thoracic) T7-T8 Epidural Steroid Injection is not medically necessary and appropriate.