

Case Number:	CM15-0083368		
Date Assigned:	05/05/2015	Date of Injury:	07/26/2013
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

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 42 year old male, who sustained an industrial injury on 07/25/2013. He reported injuring his thoracic spine while drilling underneath a cabinet. The injured worker is currently working at a different job with work restrictions. The injured worker is currently diagnosed as having thoracic disc herniation, thoracic myofasciitis, history of large lumbar disc herniation, and history of cervical disc herniation. Treatment and diagnostics to date has included thoracic spine MRI, physical therapy, acupuncture, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of mid and lower back pain, rated a 7/10 on the pain scale. Objective findings include pain to palpation over the thoracic spine area with radiating pain to the right rib cage and right lateral chest wall. The treating physician reported requesting authorization for thoracic epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic ESI at T6-T7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic pain. When seen, he was having right sided radiating thoracic pain. Imaging of the thoracic spine in November 2013 had shown multilevel disc protrusions with right lateralization at multiple levels. At T5-6 there was right lateralized spinal cord flattening. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, a thoracic epidural steroid injection is being requested. In terms of the thoracic spine, there would be no expected motor deficits or abnormal reflex response and sensory loss may not be apparent due to the small dermatomes involved. In this case, the claimant does have right sided radiating pain with findings by imaging that correlate with his complaints. There are few conservative treatments available. The requested injection meets the applicable criteria and is medically necessary.