

Case Number:	CM15-0088726		
Date Assigned:	05/12/2015	Date of Injury:	11/17/2012
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 11/17/2012. He reported a helicopter accident with immediate pain to the neck and low back. Diagnoses include cervical disc bulge, lumbar narrowing L5-S1. He is status post left rotator cuff repair in 2007. Treatments to date include modified activity, physical therapy, acupuncture treatments, and chiropractic therapy. Currently, he complained of constant neck pain with radiation down right upper extremity, constant mid back pain, and low back pain. The pain was rated 4/10 VAS with medication and 7. 5/10 VAS without medication. On 4/13/15, the physical examination documented tenderness to the thoracic spine with trigger points noted in lower mid back on right side. The MRI dated 4/4/14 revealed increased STIR signal at T11. Diagnoses included chronic pain, cervical and thoracic radiculitis. The plan of care included right T10-11 interlaminar epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T10-11 Interlaminar Epidural Steroid Injection Under Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long-term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections without radiculopathy. Therefore, the request for Right T10-11 Interlaminar Epidural Steroid Injection under Fluoroscopy is not medically necessary.