

Case Number:	CM14-0008870		
Date Assigned:	02/14/2014	Date of Injury:	05/26/2009
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male with a reported date of injury on 05/26/2009. The mechanism of injury was not included within the documentation available for review. The injured worker presented with increased pain in his thoracic and lumbar spine. Upon physical exam of the thoracic spine the injured worker presented with tenderness to palpation in the upper, mid, and lower paravertebral muscles. There was limited range of motion. In addition, the physician noted there was no motor weakness or reflex asymmetry observed in the lower extremities. The injured worker's diagnoses included multilevel cervical disc protrusion, cervical radiculopathy, multiple level cervical disc protrusion and cervical radiculopathy, and left shoulder impingement. The physician indicated in the clinical note dated 01/03/2014 that the injured worker underwent physical therapy, which did not help to improve symptoms. Within the clinical note dated 01/06/2014 the physician indicated the injured worker was recommended for lumbar spine surgery at the L5-S1 level. Within the clinical note dated 01/06/2014 the provider noted the MRI of the thoracic spine performed on 10/13/2013 revealed multilevel degenerative changes with protrusions at T4, T5, T6, T7, T8, T9, T11, and T12. The Request for Authorization for 1 thoracic epidural steroid injection at left T11-12 was submitted on 01/16/2014. Within the clinical note dated 01/03/2014 the physician stated they felt it was reasonable for the injured worker to undergo at least 1 epidural injection at T11-12 which he would like to try and therefore, the request was submitted. In addition, the physician noted, depending on the outcome, the injured worker may be a candidate to undergo repeat injections in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 THORACIC EPIDURAL STEROID INJECTION AT LEVEL OF T11-T12: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Epidural steroid injections can offer short-term pain relief and should be used in conjunction with other rehab efforts, including continuing home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. This treatment alone offers no significant long term functional benefit. Criteria for the use of epidural steroid injections should include: radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment and injections should be performed using fluoroscopy live x-ray for guidance. Within the clinical note dated 01/03/2014, the physician indicated that previous physical therapy did not relieve the injured worker's symptoms. According to the objective findings, the injured worker had tenderness around T11-12. There is a lack of documentation related to symptoms of radiculopathy in the T11-12 dermatomes, such as weakness, numbness or difficulty controlling specific muscles within the T11-12 dermatomes. Within the clinical note dated 01/06/2014 the provider noted the MRI of the thoracic spine performed on 10/13/2013 revealed multilevel degenerative changes with protrusions at T4, T5, T6, T7, T8, T9, T11, and T12; however, the official report for the thoracic spine MRI was not provided within the medical records. Therefore, the request for a thoracic epidural steroid injection at level T11-12 is not medically necessary.