

Case Number:	CM14-0121743		
Date Assigned:	08/06/2014	Date of Injury:	07/03/2011
Decision Date:	11/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine 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 54 year old female who sustained an injury to her low back on 07/03/11 due to a lifting injury. MRI of the lumbar spine dated 05/30/13 revealed multi-level degenerative disc disease with small disc protrusions at T5 through T9 causing some mild to moderate foraminal encroachment on the left at T8-9, but no evidence of nerve root impingement. The operative note dated 11/13/13 reported that the injured worker underwent a left T7-8 and T9 thoracic epidural steroid injection. There was no information provided that would indicate the injured worker's response to the previous epidural steroid injection. It was noted on 04/25/14 that the injured worker did receive physical therapy for her left shoulder, but did not receive any treatment for her upper back complaints. She had an epidural steroid injection in November of 2013 for upper back and felt it was a little helpful. She stated she felt a "burning" in the left upper rib area and a type of pain in her left upper back. The progress report dated 07/09/14 reported that physical therapy did not help with the injured workers pain. She continued to complain of pain at 2-3/10 VAS. Physical examination noted range of motion within normal limits without pain or crepitus; stability normal without subluxation or unusual laxity; muscle strength and tone normal without spasticity or atrophy. The injured worker was diagnosed with left T8-9 radiculopathy and recommended for another epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Epidural Steroid Injection x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The previous request was denied on the basis that the outdated imaging report provided did not correlate with recent physical examination findings of an active radiculopathy at the T8-9 level (no evidence of nerve root abutment or impingement). The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On 04/24, evaluation noted that the injured worker had an epidural steroid injection in November of 2013 for her upper back and felt it was a little helpful. The CAMTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6-8 weeks. Given this, the request for a Left Epidural Steroid Injection x 1 is not medically necessary.

Office Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits

Decision rationale: The previous request was denied on the basis that given that the requested injection was non-certified, the request for an office visit was also not deemed as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for an Office Visit is not medically necessary.