

Case Number:	CM14-0127719		
Date Assigned:	09/16/2014	Date of Injury:	07/30/2010
Decision Date:	11/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational 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 patient is a 42 year-old male with date of injury 07/30/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/28/2014, lists subjective complaints as low back, mid back, and neck pain. MRI performed in August of 2012 was notable for mild facet hypertrophy and mild neural foraminal stenosis of T3-T12. Objective findings: Examination of the cervical spine revealed diminished range of motion and tenderness to palpation over the paraspinous muscles as well as the bilateral cervical trapezii. Thoracic spine had tenderness to palpation over the T11-12 facet joints bilaterally. Sensation and strength were intact for the bilateral upper extremities. Diagnosis: 1. Right cervical radiculopathy 2. Thoracic spine pain status post negative facet joint block with multilevel degenerative disc disease and foraminal stenosis 3. Status post 02/03/2014 right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T12 transforaminal epidural steroid injection 64479: Upheld

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Radiculopathy is not documented in the exam and there is no cooperation with studies. In addition, the previous injection was not beneficial. Bilateral T12 transforaminal epidural steroid injection is not medically necessary.