

Case Number:	CM14-0096390		
Date Assigned:	09/15/2014	Date of Injury:	01/03/1985
Decision Date:	10/20/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 applicant is represented [REDACTED] employee, who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of January 10, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and extensive periods of time off of work. In Utilization Review Report dated June 4, 2014, the claims administrator denied a request for a T11-T12 injection. The claims administrator seemingly interpreted the request as an epidural steroid injection and denied the same on the grounds that the applicant did not have evidence of radiculopathy at the level in question. The applicant's attorney subsequently appealed. In a May 4, 2006, medical-legal evaluation, it was acknowledged that the applicant had failed to return to work owing to chronic low back pain issues. In a June 11, 2012, neurological evaluation, the applicant apparently presented with mid and low back pain status-post multiple lumbar spine surgeries. It was acknowledged that the applicant was not working and had reportedly received "87%" whole person impairment rating. The applicant did report ongoing complaints of low back pain, issues with impaired balance, and numbness about the bilateral lower extremities. The attending provider alluded to the applicant's having an MRI scan of the March 2012, demonstrating large central disk protrusion at T11-T12, which the attending provider imputed the applicant's lower extremity numbness to. A later thoracic MRI of November 12, 2013 was notable for persistent pattern of severe spinal cord compression at T11-T12 associated with central canal stenosis and large disk herniation at the level in question. On December 19, 2013, it was stated that the applicant had a large T11-T12 disk herniation with worsening saddle anesthesia about the same. Spine surgery at the T11-T12 level was recommended. On February 6, 2014, left L5 selected nerve root block was endorsed. The applicant did receive an L5-S1 epidural steroid injection on February 27, 2014. On

February 8, 2014, the applicant received another L5-S1 epidural steroid injection. On June 12, 2014, the applicant reported persistent complaints of mid and low back pain radiating to the left leg. The applicant remained symptomatic. Saddle numbness was noted. The applicant was reportedly using Cymbalta, Neurontin, Wellbutrin, Norco, Viagra and Lidoderm patches. Weakness about the legs was appreciated. A T11-T12 epidural steroid injection was endorsed. In a May 25, 2014, progress note, the applicant was described as having persistent complaints of mid to low back pain radiating to the left leg. Lower extremity weakness was appreciated. The applicant was still ambulating with a cane. The attending provider suggested that that the applicant pursue an epidural steroid injection at T11 to T12 to see if he obtained relief at this level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection at T11-12 bilaterally: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, particularly that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, however, support up to two diagnostic blocks. In this case, the applicant does not appear to have had a block at the level in question, T11-T12. The attending provider is seemingly intent on employing the proposed blocks to determine whether or not the applicant might be a candidate for surgical intervention at the level in question, as the applicant appears to have multiple pain generators involving the mid thoracic and lumbar spines. The request in question does seemingly represent a first injection at the T11-T12 level. Therefore, the request is medically necessary.