MAXIMUS Federal Services

Case Number:	CM15-0122493		
Date Assigned:	07/06/2015	Date of Injury:	10/23/2014
Decision Date:	08/18/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female who sustained an industrial injury on 10-23-14. Diagnoses are thoracic strain and lumbar strain. In a progress report dated 5/6/15, the treating physician notes she is still reporting mid back and low back pain. It is sharp, intermittent and frequent. Pain is rated at 5 out of 10. She just started acupuncture treatments. She takes Atarax but still has trouble sleeping. She also takes Clinoril 150mg twice a day but reports it is not helping with her pain. Thoracic rotation, right and left sides, is restricted and painful. Lumbar flexion and extension are restricted and painful. Lumbar rotation, right and left sides is restricted and painful. Tender bilateral thoracic and bilateral lumbar paraspinal muscles on palpation is noted. Bilateral straight leg raise is negative. Work status is that she is working 2 days a week on modified duty. Previous treatment includes psychiatric consultation and 4 sessions of cognitive behavioral therapy and biofeedback, home exercises, pain medications, physical therapy and chiropractics and acupuncture. The medication plan is to discontinue Atarax, Restoril at night, Percocet and continue Clinoril. An MRI of the thoracic spine done on 2-24-15 reveals minimal annular bulges at T6-T7, T8 through T10 and T10-T11 levels. In a progress report dated 6/1/15, the treating physician notes she has chronic thoracic pain, status post strain and multiple level thoracic disc protrusion. The plan is for a thoracic epidural injection for both diagnostic and therapeutic purposes. The requested treatment is epidural of the right thoracic T11, T12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural of right thoracic T11 T12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

Decision rationale: Based on the 06/01/15 progress report provided by treating physician, the patient presents with low back and upper back pain with muscle spasms, rated 10/10. The request is for EPIDURAL OF RIGHT THORACIC T11 T12. Patient's diagnosis per Request for Authorization form dated 06/01/15 includes radiculopathy. Treatment to date has included psychiatric consultations, cognitive behavioral therapy and biofeedback, physical therapy, chiropractic, acupuncture, home exercises, and pain medications, which include Oxycontin. The patient is working light-duty, per 02/11/15 report. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "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." Per 06/01/15 report, treater states "Chronic thoracic pain status post strain. Multiple level thoracic disc protrusion. At this point a thoracic epidural injection is warranted for both diagnostic and therapeutic purposes. Hopefully this can make the patient's thoracic pain more manageable." Physical examination on 06/01/15 revealed focal tenderness in the thoracic spine. Per 06/01/15 report "MRI scan of the thoracic spine showing disc protrusion at t6-7-7 8 and 1011." The patient denies any pain radiating to her chest or down the legs. There is no indication the patient had prior thoracic ESI. In this case, RFA dated 06/01/15 indicates a diagnosis of radiculopathy, and MRI discussed by treater states multiple level thoracic protrusions. However, the patient does not present with radicular symptoms, there are no physical exam findings to support radiculopathy, and there is no MRI discussion with regards to T11 12 level to be injected. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request does not meet guideline criteria for the procedure. Therefore, the request IS NOT medically necessary.