

Case Number:	CM13-0001034		
Date Assigned:	07/02/2014	Date of Injury:	11/24/2005
Decision Date:	08/05/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/08/2013

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 39-year-old female who reported an injury on 11/24/2005 due to an unknown mechanism. The injured worker complained of low back pain with intermittent right leg numbness and ongoing heel pain. On the physical examination dated 04/03/2014, there was palpation of the injured worker's lumbar spine to reveal segmental dysfunction and associated hypomobility at the L5, L3, and L2. The above mentioned lumbar segments were accompanied by posterior prominent spinous process to the right and displayed slight tenderness to palpation with reproduction of the injured worker's chief complaint of lumbago. Hypertonicity was located throughout the injured worker's lumbar paraspinal musculature, especially the quadratus lumborum and the multifidi lumborum bilaterally. The injured worker's diagnoses were tenosynovitis foot and ankle, plantar fibromatosis, and joint ankle pain. The injured worker's past treatments and diagnostics include bilateral L5-S1 lumbar epidural steroid injection under fluoroscopic guidance dated 04/20/2012 and 04/05/2013. An MRI (magnetic resonance imaging) of the lumbar spine dated 12/20/2011 that revealed normal findings throughout her spine. At L5-S1 there was a broad shallow disc protrusion that effaces the anterior epidural fat and abuts the traversing left S1 nerve root. The injured worker attended a functional restoration program. The treatment plan was for an MRI of the lumbar spine without contrast and lumbar epidural steroid injection bilateral L4-5 and lumbar epidural steroid injection bilateral L5-S1. The Request for Authorization Form dated 10/09/2013 was submitted with no rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication for imaging - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI (magnetic resonance imaging) of the lumbar spine without contrast is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There was no clinical evidence of neurological deficits. In addition, there is no documentation of conservative care directed to the lumbar spine. There was no mention of physical therapy and/or medication management. As such, the request for MRI of the lumbar spine without contrast is non-certified.

Lumbar epidural steroid injection bilateral L4-5: 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection bilateral L4-5 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks. The clinical information submitted for review indicated that the injured worker has undergone previous epidural steroid injections. However, adequate evidence of subjective and objective benefit was not provided to warrant a repeat injection. As such, the request for lumbar epidural steroid injection bilateral L4-5 is non-certified.

Lumbar epidural steroid injection bilateral L5-S1: 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection bilateral L5-S1 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks. The clinical information submitted for review indicated that the injured worker has undergone previous epidural steroid injections. However, adequate evidence of subjective and objective benefit was not provided to warrant a repeat injection. As such, the request for lumbar epidural steroid injection bilateral L5-S1 is non-certified.