MAXIMUS Federal Services

Case Number:	CM13-0001183		
Date Assigned:	11/08/2013	Date of Injury:	08/08/2012
Decision Date:	08/29/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/11/2013

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 43 year old with an injury date on 8/8/12. Patient complains of constant pain in the lower lumbar that radiates down his bilateral lower extremities per 6/24/13 report. Patient is currently taking occasional Advil or Tylenol for pain, and is still working full time currently per 6/24/13 report. Based on the 6/24/13 progress report provided by [redacted] the diagnoses are: 1. lower disc protrusion2. lower back pain3. thoracic or lumbosacral neuritis or radiculitis, unspecifiedExam on 6/24/13 showed "L-spine range of motion: decreased by 15 degrees in flexion/extension, 10 degrees in lateral flexion bilaterally. Straight leg raise test positive at 30 degrees for the right and the left." [redacted] is requesting MRI lumbar spine, and bilateral transforaminal epidural steroid injection with epidurography at L4-5 and L5-S1. The utilization review determination being challenged is dated 6/27/13. [redacted] is the requesting provider, and he provided treatment reports from 3/7/13 to 6/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, 5221.6100, Parameters for Medical Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols: (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: This patient presents with back pain. The treating physician has asked for MRI lumbar spine on 6/24/13 report. Review of the report shows an MRI of the L-spine done on 10/12/12 which revealed abnormalities but specifics were not mentioned in 6/24/13 report. ODG guidelines state: Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient does not show any significant changes in symptomology of the L-spine. The requested MRI of the lumbar spine would not be indicated at this time, as treating physician does not explain why an updated lumbar MRI is necessary. Therefore, the request is not medically necessary.

BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION WITH EPIDUROGRAPHY AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections, Criteria for Use; Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs), pg 46 of 127, : Page(s): 46 OF 127.

Decision rationale: This patient presents with back pain. The treating physician has asked for bilateral transforaminal epidural steroid injection with epidurography at L4-5 and L5-S1 on 6/24/13 report. The patient had a previous lumbar epidural steroid injection (of unspecified location) on 2/8/13 without benefit per 6/24/13 report. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case, the treating physician has asked for a second epidural steroid injection but the documentation states the first injection was not effective. A second epidural steroid injection would not be indicated at this time. Therefore, the request is not medically necessary.