

Case Number:	CM13-0023038		
Date Assigned:	10/11/2013	Date of Injury:	05/13/2009
Decision Date:	01/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain associated with an industrial injury on May 13, 2009. Thus far, the applicant has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, MRI imaging (July 2009) notable for a very large extruded disc fragment at L5-S1, MRI imagine (July 23, 2013) notable for 4-5mm disc bulges at L4-L5 and L5-S1, and extensive periods of time off from work. The applicant has been represented by an attorney, and is on temporary total disability. A progress note dated August 21, 2013 reflects ongoing reports of bilateral shoulder pain, low back pain, radiation of leg pain to the bilateral legs, and limited lumbar range of motion. The applicant's left shoulder arthroscopy is deferred owing to heightened lumbar complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

The proposed lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.
Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, the unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who did not respond to treatment and would consider surgery an option if it were offered to them. In this case, however, there is no indication of evidence that the applicant is a surgical candidate and/or would consider lumbar spine surgery if it were offered to him. There is no evidence of unequivocal neurologic compromise noted on the most recent office visit notes, nor is there evidence of progressive neurologic signs or symptoms since the lumbar MRI of July 2013. Therefore, the proposed repeat lumbar MRI is non-certified.

The request for nerve conduction testing of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The MTUS does not address the topic of nerve conduction testing of the bilateral lower extremities. As noted in the Third Edition of the ACOEM Guidelines, nerve conduction testing is usually normal in radiculopathy, but can be employed to rule out other causes for lower leg symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, etc. which can mimic sciatica. In this case, however, there is no clearly stated diagnosis, differential diagnosis, or clearly stated suspicion of peripheral neuropathy for which nerve conduction testing of the lower extremities would have been indicated.

The proposed lumbar epidural steroid injected: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, typically either radiographically and/or electrodiagnostic confirmed. In this case, however, the applicant does not have clear radiographic evidence of radiculopathy. The most recent lumbar MRI was largely equivocal. Furthermore, the attending provider has not clearly stated whether or not the applicant has had prior epidural steroid injections over the life of the claim. Therefore, the request remains non-certified.

The request for continued unspecified medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2)

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 2, past medical history should include a list of current medications that an applicant is taking. In this case, the attending provider did not clearly state what medications he intended for this applicant to continue, or what the applicant's prior response to these medications had been in the past. There is no clear description of functional improvement effected through prior usage of unspecified analgesic and adjuvant medications; rather, the applicant's failure to return to work and continued dependence on various forms of medical treatment suggest a lack of functional improvement with prior unspecified medications. Therefore, the request remains non-certified.