

Case Number:	CM13-0030035		
Date Assigned:	03/03/2014	Date of Injury:	07/03/2011
Decision Date:	05/22/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 and 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 patient is 52 year-old male Operations Manager who sustained an injury to his right shoulder, low back, right hip and right knee after tripping on a round electrical vault and falling on 7/3/11 while employed by the [REDACTED]. Requests under consideration include Magnetic Resonance Imaging (MRI) for the lumbar spine and transforaminal epidural steroid injection L3-L4 AND L4-L5. Conservative care has included medications, physical therapy, modified activities, trigger point injections latest on 8/26/13, and transforaminal lumbar epidural steroid injections most recently at L3-4 and L4-5 on 7/30/13. Recent MRI of the lumbar spine dated 4/26/13 noted extruded disc at L3-4 with canal and foraminal stenosis; and multi-level disc bulges and spondylosis including right L4-5. Report of 8/26/13 from the provider noted patient with low back and right knee pain. Medications list Oxycontin, Xanax and Soma. The provider noted patient with recent ACL injury on right knee as the patient reported he was afraid to move from fear of being paralyzed and cry in his sleep from pain. Exam noted limited range of motion; positive SLR bilaterally; antalgic gait; motor strength intact except for weakness in right leg (no specifics); decrease pin prick in right leg (no dermatome specified). The provider noted the patient had ESI with 50% relief for four weeks with requests for repeat MRI of the lumbar spine and ESI which were non-certified on 9/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to the ACOEM/MTUS Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific acute clinical changes to support this imaging study as the patient has intact neurological exam without specific deficits throughout bilateral lower extremities nor is there any acute flare-up or new injury to indicate for repeat study. The request for a Magnetic Resonance Imaging (MRI) for the lumbar spine is not medically necessary and appropriate.

TRANSFORAMINAL EPIDURAL STEROID INJECTION L3-L4 AND L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms the clinical findings was without specific myotomal and dermatomal neurological deficits. To repeat a LESI 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. Based on the medical records provide for review the patient received a recent LESI that provided 4 weeks of pain relief without any change in medication dosing or profile nor was there any increased function or improved ADLs documented. Submitted reports noted unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The request for transforaminal Epidural Steroid Injection L3-L4 AND L4-L5 is not medically necessary and appropriate.

