

Case Number:	CM13-0059500		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2006
Decision Date:	04/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 29-year-old who reported an injury on 10/01/2006 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to his low back. The patient's treatment history has included a home exercise program, bracing, massage, acupuncture, medications and epidural steroid injections. The patient received epidural steroid injections in 01/2013 and 02/2013. The patient reported in 04/2013 that he had over 50% improvement in symptoms and increased activity levels. The patient's most recent clinical examination in 11/2013 documented that the patient had good range of motion in all planes, a negative straight leg raise test bilaterally with paralumbar tenderness and evidence of sensory loss or motor strength deficits. It was also noted that the patient had an MRI over a year ago. The patient's treatment plan included an additional MRI and an additional epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Physician Reviewer's decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The Official Disability Guidelines do not support repeat imaging unless there is significant evidence of neurological deficits and/or a change in the patient's pathology. The clinical documentation does indicate that the patient previously had an MRI. However, the clinical information submitted for review does not provide any evidence of significant neurological deficits that would support the need for an additional MRI. There was no evidence that the patient is a surgical candidate. Therefore, an MRI would not be indicated at this time. The request for an MRI for the lumbar spine is not medically necessary or appropriate.

Two lumbar epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: The requested lumbar epidural steroid injection times 2 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend repeat injections for patients who have a response of 50% or more pain relief for a duration of at least six to eight months with functional improvements. The clinical documentation submitted for review does provide evidence that the patient received an epidural steroid injection in 02/2013 that did provide significant pain relief. However, the California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients with radicular symptoms. The patient's most recent clinical documentation does not provide any evidence of radiculopathy that would benefit from this type of injection. Therefore, the need for an additional epidural steroid injection is not established. The request for two lumbar epidural steroid injections is not medically necessary or appropriate.