

Case Number:	CM13-0063940		
Date Assigned:	01/03/2014	Date of Injury:	11/05/2008
Decision Date:	05/21/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery, 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 claimant is a 51-year-old female who sustained both an injury to her neck and low back while carrying boxes in a work related accident on November 5, 2008. The records provided for review documented a follow-up examination on November 11, 2013 noting continued complaints of pain. Physical examination on that date showed restricted lumbar range of motion, use of a cane, tenderness to palpation over the paraspinal muscles and no documentation of neurologic findings. The report documented that a recent epidural injection had been performed that provided no significant relief. Review of the MRI report showed disc deterioration at L5-S1 with loss of disc space and height with evidence of foraminal stenosis bilaterally with compression of the exiting S1 nerve root. The date of the MRI scan was unclear. The recommendation was for a repeat L5-S1 interlaminar epidural injection and a repeat MRI scan of the lumbar spine. There was no documentation of prior surgery in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 INTER LAMINAR EPIDURAL INJECTION: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Based on the CA MTUS Chronic Pain Medical Treatment 2009 Guidelines, repeat interlaminar epidural injection at the L5-S1 level would not be indicated. First and foremost, the records for review document that the claimant did not receive significant benefit with the prior epidural procedure. Furthermore, the Chronic Pain Guidelines only recommend epidural injections if radiculopathy is documented both on physical examination and corroborated on imaging or electrodiagnostic studies. The medical records do not document any indication of a radicular process on examination. Based upon the fact the claimant did not receive any benefit from the prior epidural steroid injection and the lack of documentation of radiculopathy, the specific request would not be supported. The L5-S1 Interlaminar Epidural Injection is not medically necessary and appropriate.

MRI OF LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303.

Decision rationale: The ACOEM Guidelines would not support the request for a repeat MRI of the lumbar spine. While ACOME Guidelines would recommend an MRI scan if unequivocal evidence of objective findings demonstrating specific nerve root compromise on neurologic examination is present, the clinical records for review do not indicate a specific change in the claimant's physical examination to necessitate the need for further imaging. The claimant's diagnosis already appears to be well established from the prior MRI scan. The absence of significant physical examination changes would fail to necessitate the specific imaging request. The MRI of the lumbar spine is not medically necessary and appropriate.