

Case Number:	CM14-0003407		
Date Assigned:	01/31/2014	Date of Injury:	07/26/1996
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 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 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:

According to the records made available for review, this is a 72-year-old female with a 7/26/1996 date of injury. At the time (1/2/14) of request for authorization for lumbar myelography, each additional level, and initial evaluation at the [REDACTED], there is documentation of subjective (low back pain, left lower extremity pain, and pain rated 4/10; depression, hopelessness and anxiety due to chronic pain) and objective (decreased sensation in the left L4 and L5, positive straight leg raise on the left, spasm and guarding noted in the lumbar spine, 4/5 motor strength EHL and knee extension on the left) findings, current diagnoses (lumbar disc displacement without myelopathy, degeneration lumbar lumbosacral disc, sciatica), and treatment to date (ESI (with 90% improvement), and medications). Regarding lumbar myelography, there is no documentation of pre-operative planning and MRI not available. Regarding initial evaluation at the [REDACTED], there is no documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, that the patient has a significant loss of ability to function independently resulting from the chronic pain; that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change. Regarding each additional level, there is no documentation of specific additional level requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MYELOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Neck and Upper Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: MTUS reference to Low Back Complaints ACOEM identifies documentation of pre-operative planning and MRI not available, as criteria necessary to support the medical necessity of myelography. ODG identifies that myelography is recommended when MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, degeneration lumbar lumbosacral disc, sciatica. However, there is no documentation of preoperative planning and MRI not available. Therefore, based on guidelines and a review of the evidence, the request for lumbar myelography is not medically necessary.

INITIAL EVALUATION AT THE [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Functional Restoration Programs Page(s): 31-32.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, degeneration lumbar lumbosacral disc, sciatica. However, given a concomitant request for epidural steroid injection, there is no documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, there is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain; that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for initial evaluation at the [REDACTED] is not medically necessary.

EACH ADDITIONAL LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS reference to Low Back Complaints ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, degeneration lumbar lumbosacral disc, sciatica. In addition, there is documentation of a certification for an L5-S1 bilatearl transforaminal epidural steroid injection. However, there is no documentation of a rationale for the requested each additional level. In addition, there is no documentation of the specific additional level requested. Therefore, based on guidelines and a review of the evidence, the request for each additional level is not medically necessary.