

Case Number:	CM14-0005371		
Date Assigned:	01/24/2014	Date of Injury:	09/22/2012
Decision Date:	08/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 a 50-year-old with date of injury of September 22, 2012. The listed diagnoses per [REDACTED] dated December 23, 2013 are radiculopathy of the lumbar spine, spondylosis of the lumbar spine, and stenosis of the lumbar spine. According to this report, the patient complains of pain in the back that radiates to both legs, left more than right. The patient denies any new neurological symptoms. The patient states that the pain has stayed about the same since his last visit. He rates his pain 9/10. The physical exam shows the patient is alert and oriented. Motor exam is 5/5 in all muscle groups tested. Sensory exam is grossly intact to light touch. Reflexes are symmetrical bilaterally. Straight leg raise is positive at 90 degrees for back pain. Palpation over the back does reproduce pain symptoms. The patient's gait is normal. The patient does not use a cane or a walker. Range of motion of the bilateral hips are normal. The utilization review denied the request on January 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI) at L4-5, interlaminar approach, in office under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

Decision rationale: This patient presents with low back pain. The treater is requesting a lumbar epidural steroid injection at L4-L5 using interlaminar approach under fluoroscopy. The Chronic Pain Medical Treatment Guidelines page 46 and 47 on epidural steroid injection states that it is an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. The MRI of the lumbar spine dated July 3, 2013 shows an annular bulging at L4-L5 disk without HNP. Minimal imprint on the dural sac is seen and facet joints are normal. While the patient reports radiating pain to the bilateral legs, the examination does not show any sensory or neurologic deficits in a specific nerve root distribution. In addition, the MRI does not show any stenosis or nerve root lesions that would corroborate the patient's reported leg pain. The request for an LESI at L4-, interlaminar approach, in office under fluoroscopy, is not medically necessary or appropriate.

CT/Myelogram of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT-Myelogram, L-spine.

Decision rationale: This patient presents with low back pain. The treater is requesting a CT/myelogram of the lumbar spine. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on CT myelogram states that it is not recommended except when MRI imaging cannot be performed, or in addition to an MRI. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. The MRI of the lumbar spine dated July 3, 2013 showed mild annular bulging of the lower three lumbar discs. There is no HNP, no central stenosis, no high-grade foraminal narrowing, and no nerve root compression. The treater has asked for CT myelogram in addition to MRI but this is not support by ODG guidelines except for surgical planning. The patient's MRI does not present any surgical lesions. The request for CT/Myelogram of the lumbar spine is not medically necessary or appropriate.