

Case Number:	CM14-0104485		
Date Assigned:	07/30/2014	Date of Injury:	12/07/2004
Decision Date:	11/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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:

This is a 66-year-old male patient who reported an industrial injury to the back on 12/7/2004, almost 10 years ago, attributed to the performance of his usual and customary job tasks. The patient is presently retired and reported a flare up of his symptoms to the lower back. The patient is reported to complain of lower back pain radiating to the legs. It was reported that the patient was not authorized the request for physical therapy or Electrodiagnostic studies. The patient is documented to have diminished range of motion to the lumbar spine and a reported positive SLR to the right leg, which is not specified. Reflexes reported as normal. There was no documentation of any loss of strength, neurological deficit; or decreased sensation. The diagnosis was lumbar strain with right leg radiculopathy flare-up. The treatment plan included an MRI of the lumbar spine and epidural steroid injections (unspecified level).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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-MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine

Decision rationale: The request for the authorization of a MRI of the lumbar spine for the diagnosis of lumbar spine sprain/strain with radiculopathy 10 years after the date of injury was not supported with objective evidence on examination by the treating physician. There were no neurological deficits documented and no red flags documented for the reported pain to the back which reportedly radiated numbness and tingling to the lower extremities. The patient was ordered a MRI of the lumbar spine to rule out HNP as a screening study. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. The request was not made with the contemplation of surgical intervention but as a screening study. There was no rationale provided to support the medical necessity of the requested MRI of the lumbar spine. A prior request for physical therapy and Electrodiagnostic studies was noncertified. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with reported radiation to the RLEs. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the assessment. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three months of symptoms with demonstrated failure of conservative care. The request for a MRI of the lumbar spine for chronic low back pain 10 years after the DOI is not demonstrated to be medically necessary.

Lumbar Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines-Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,179-80,Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter lumbar spine ESI

Decision rationale: The criteria required by the CA MTUS for the provision of a lumbar ESI were not documented by the requesting provider. The treatment request offered no level for the requested epidural steroid injections. The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or Electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain attributed to lumbar spine DDD. The patient is documented to of had a rehabilitation effort along with physical therapy; however the last office visit

documented reported neurological deficits along a dermatomal distribution to the bilateral lower extremities; however, there was no corroboration with Electrodiagnostic or imaging studies. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no objective finding on examination documented to support the presence of a nerve compression radiculopathy of the lumbar spine. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues. The request for a lumbar spine LESI is not demonstrated to be medically necessary.