

Case Number:	CM14-0014695		
Date Assigned:	02/28/2014	Date of Injury:	06/13/2007
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 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 injured worker is a 54-year-old male who reported an injury on 06/13/2007. The mechanism of injury was a fall. His diagnoses were noted to include lumbar sprain/strain, lumbar disc herniations, and lumbar radiculitis/radiculopathy to bilateral lower extremities. His previous treatments included medication management, physical therapy, home exercise, chiropractic care, electrical stimulation, and acupuncture. On 12/23/2013, the injured worker reportedly presented with lumbar pain, rated 8/10, with radiation to the bilateral legs, and associated tingling, numbness, and weakness. Upon physical exam, he was noted to have positive bilateral straight leg raise tests, as well as decreased motor strength to 4/5 in bilateral quadriceps, hamstrings, gastrosoleus, and ankle dorsiflexors. His sensation and reflexes were noted to be normal bilaterally. It was also noted that pain over the spinous processes at the L4-5 and L5-S1 levels caused reproduction of radiating pain into the lower extremities. An MRI of the lumbar spine on 06/29/2013 was noted by the treating provider to reveal a mild broad-based posterior disc herniation at L4-5 resulting in stenosis of the bilateral neural foramen and contact with the bilateral exiting L4 nerve roots. The MRI also reportedly showed a moderate diffuse posterior disc herniation at L5-S1 which caused stenosis of the bilateral neural foramen and contacted the bilateral exiting L5 nerve roots. The treating provider requested a left transforaminal lumbar epidural steroid injection under fluoroscopy, based on the MRI results, the examination findings of radiculopathy of the lower extremities, and the failure of conservative care. The provider also recommended an MRI of the lumbar spine; however, the provider's rationale for this request was not included in the medical records submitted for review. The Request for Authorization form for these requests was not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. The documentation submitted for review stated that the injured worker had completed initially recommended conservative treatment, but continued to complain of radiating pain into his bilateral lower extremities. An MRI was noted to have revealed pathology at the L4-5 and L5-S1 levels with herniation contacting the bilateral L4 and L5 nerve roots. His physical exam findings included positive bilateral straight leg raise tests, as well as decreased motor strength to 4/5 in bilateral quadriceps, hamstrings, gastrocnemius, and ankle dorsiflexors. No sensory deficits were noted. The decreased motor strength in the quadriceps and ankle dorsiflexors correlate with the affected nerves per MRI; however, the findings in the hamstrings and gastrocnemius muscles do not correlate with MRI findings. Therefore, further clarification is needed to address the motor strength deficits in the bilateral lower extremities prior to proceeding with injection, as the physical exam and diagnostic testing findings do not clearly corroborate radiculopathy. In addition, the documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. In summary, despite documentation showing persistent radiating symptoms despite conservative treatment, in the absence of clear corroboration of radiculopathy by physical exam findings and imaging study or electrodiagnostic test results, and documentation showing a plan for active therapy following injection, the request is not supported. Moreover, the request failed to specify the level or levels being requested. Based on the above, the request is not medically necessary.

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 (ODG), Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-303.

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. However, it is also stated that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted for review included physical exam findings of positive bilateral straight leg raise tests and decreased motor strength to 4/5 in bilateral quadriceps, hamstrings, gastrocnemius, and ankle dorsiflexors. However, reflexes were normal and no sensory deficits were noted. Based on the findings of motor strength deficits in non-specific patterns in the bilateral lower extremities, and normal sensation, further physiologic evidence of nerve dysfunction is needed prior to proceeding with MRI. Additionally, as the injured worker had an MRI on 06/29/2013 further documentation is needed to indicate how a repeat MRI of the lumbar spine at this time would alter the course of that injured worker's treatment plan. As such, the request is not medically necessary.