MAXIMUS Federal Services

Case Number:	CM14-0133778		
Date Assigned:	08/25/2014	Date of Injury:	02/04/2003
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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:

The injured worker is a 45 year old female who sustained an injury to her low back on 02/04/03 when a handicapped student fell on the injured worker during a seizure episode which aggravated her low back condition and caused pain in the mid back, neck, shoulders, right arm with associated paresthesias. This exacerbated a previous back injury dated 02/27/02 when the injured worker was helping a severely handicapped student. The student pulled on her shirt and caused her to fall forward. Treatment to date included ice, heat, home exercise, bilateral carpal tunnel braces. Medications included omeprazole, Ultracet, Norco and Soma. MRI of the lumbar spine without contrast dated 08/01/14 revealed mild posterior disc protrusion at narrowed L5-S1 interspace. Clinical note dated 07/08/14 reported that the injured worker continued to complain of lumbar spine discomfort described 7/10 VAS, cervical spine/thoracic spine discomfort described 4/10 VAS. The injured worker was compliant in a home exercise program. She continued to utilize ice. The injured worker stated that her low back pain radiated into the bilateral lower extremities, more to the right than left, with tingling sensation in the third, fourth, and fifth toe bilaterally with cramping in the right leg. Physical examination noted moderate paralumbar muscle spasm, greater on the right side; active range of motion flexion/extension 50% of normal, bilateral lateral flexion 60% of normal; straight leg raise positive to the right at 60 degrees in sitting position, causing low back, posterior thigh, and posterior knee area pain; positive on the left at 80 degree, causing posterior knee pain; Lasegue's positive right, negative left; mild to slight tenderness in the intrascapular and parathoracic muscles bilaterally. Straight gait was antalgic and slow due to low back pain. The injured worker was diagnosed with lumbar spine radiculopathy, thoracic spine sprain, and insomnia due to chronic pain. The patient was recommended repeat lumbar epidural steroid injection, repeat MRI, and neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The previous request was denied on the basis that there are symptoms in a dermatomal distribution in the right leg, but there was no diagnosis of radiculopathy in the provided records. There were no reflex or motor strength abnormalities documented and no details provided from the lumbar MRI; therefore, the request was not deemed as medically appropriate. The level/laterality was not specified in the request. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The CAMTUS states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program furthermore, the number of injections was not specified in the request. Given this, the request for lumbar Epidural Steroid Injections is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: Previous request was denied on the basis that the progress note provided stated that the injured worker had a lumbar spine MRI, but the MRI report was not included. There was no reason given for requesting repeat study; therefore, the request was not indicated as medically appropriate. Records indicate that the injured worker underwent MRI of the lumbar spine without contrast on 08/01/14 that revealed mild posterior disc protrusion at the narrowed L5-S1 interspace. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength or increased reflex deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI.

There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the lumbar spine is not medically necessary.

Neurosurgery Consultation: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits

Decision rationale: The request for neurosurgery consultation is not medically necessary. Previous request was denied on the basis that there was no information regarding previous conservative treatment. Conservative treatment with pain control and physical therapy is indicated for surgical intervention can be considered; therefore, the request is not deemed as medically appropriate. The Official Disability Guidelines state that the need for clinical office visit with a healthcare provider is individualized based upon review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. There was no mention that a surgical intervention was anticipated and neurosurgical consultation was not required for lumbar epidural steroid injections. Given this, the request for neurosurgery consultation is not medically necessary.