

Case Number:	CM14-0156139		
Date Assigned:	09/25/2014	Date of Injury:	09/20/1999
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 underlying date of injury in this case is September 20, 1999. The date of the utilization review under appeal is September 30, 2014. On August 22, 2014, the patient was seen in neurosurgical followup. The patient was noted to have a history of an S1 fusion as well as an L4-L5 decompression/fusion and a prior history of a total abdominal hysterectomy and left total knee replacement. Most recently the patient was status post a lateral and posterior sacroiliac fusion March 11, 2014. The neurosurgeon saw the patient in followup and reviewed results of the CT of the sacrum. The patient reported her pain was minimal, and she was happy with her postsurgical results. She reported that her right sacroiliac joint intermittently caused pain but at that time was not symptomatic. The patient had resumed many of her normal activities. The patient intermittently using Norco for pain though reported that this was not frequent. On physical examination, the patient had normal strength in the lower extremities. A CT scan of the sacrum of May 27, 2014 showed implants in good position in the left sacroiliac joint and showed some right sacroiliac joint posterior erosion. The treatment plan was an MRI of the lumbar spine and continuation of Norco and refer to pain management for further medical management and consideration of an epidural steroid injection.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommends MRI imaging when red flag factors are present. I understand that this patient has a history of multiple lumbar surgeries. The records indicate that this patient recently underwent a CT scan of the sacrum which did not show any concerning abnormalities. Moreover, the patient reported that she was satisfied with her surgical outcome and had resumed many of her usual activities. Overall, the patient thus was felt to be doing well clinically at the time of recent neurosurgical followup. A rationale or indication for an MRI of the lumbar spine in this setting is not apparent. This request for an MRI of the lumbar spine is not medically necessary or appropriate.

Referral to Pain Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: This request has been made to consider an epidural steroid injection. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections, page 46, states that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records do not document any of these criteria. The records do not document either symptoms or physical examination findings or radiographic findings to suggest the presence of an ongoing radiculopathy. Rather, the records outline a patient doing well postoperatively. There is no apparent indication for a pain management consultation based on the available medical records and guidelines. This request for a referral to pain management is not medically necessary or appropriate.