

Case Number:	CM14-0170597		
Date Assigned:	10/20/2014	Date of Injury:	07/05/2011
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology 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 65-year-old female with a date of injury of 07/05/2011. The patients' diagnoses include lumbar radiculopathy and lumbosacral disc degeneration. On 08/25/2014 the patient reported low back pain with radiation to bilateral lower extremities. Muscle spasm, numbness and tingling and weakness were also reported. The patient rated her pain as a 7 on a scale of 1 to 10. The patient reported improvement of pain with current medication. Lumbar spine examination revealed a grossly normal motor exam for bilateral lower extremities with decreased sensation along L5-S1 bilaterally. The examination findings were similar for several months prior to 08/25/2014. The patient's pain level with medication is reported as a 4 on a scale of 1 to 10 for several months in 2014. On 7/12/2013 a transforaminal lumbar epidural steroid injection was performed at L5- S1 bilaterally. In a note dated 06/14/2013 there is a report of the patient receiving a previous lumbar epidural steroid injection with reported excellent relief for four months. According to the medical documentation an MRI was performed on 10/02/2011 showing lateral and central stenosis L4-L5, L3-L4 and L2-L3 with disc degeneration at multiple levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic) ; regarding 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 - Lumbar & Thoracic (Acute & Chronic), MRI

Decision rationale: According to the ACOEM and ODG, an MRI is initially utilized to help determine a potential cause for nerve injury and low back pathology. Repeat MRI is not recommended in the absence of red flags. In this case, the patients' physical examination findings and pain levels have remained relatively unchanged for several months. There is no documented objective evidence of findings consistent with new nerve compromise. There is no documented evidence of EMG testing which is recommended prior to MRI to identify subtle neurologic dysfunction. The ODG recommends MRI be reserved for significant change in symptoms. Therefore, the above listed issue is considered to be not medically necessary.

1 transforaminal lumbar epidural injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain - Lumbar and Thoracic, Epidural Steroid Injection

Decision rationale: An epidural steroid injection is recommended for radicular pain in some patients who meet strict criteria. It is utilized to reduce pain and inflammation. There is little evidence to suggest the epidural steroid injection leads to improved long term efficacy or functional improvement. According to the medical documentation this patient received at least two previous epidural steroid injections. There is some documented evidence of perhaps short-term improvement after most recent epidural steroid injection on 07/12/2013. There is no clearly documented evidence of at least a 50% pain relief with a reduction in use of medication for 6 to 8 weeks. There is no documented evidence of functional improvement after prior epidural steroid injection, or any information on the length of success (pain/inflammation relief and restoration of range of motion). For these reasons the above listed issue is considered to be not medically necessary, per MTUS and ODG.