

Case Number:	CM14-0171090		
Date Assigned:	10/23/2014	Date of Injury:	12/23/1991
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Interventional Spine 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 patient is a 75-year-old male with a date of injury of 12/23/1991. The listed diagnoses include lumbar pain; lumbar radiculopathy; lumbar spinal stenosis; lumbar degenerative disease; and lumbar spondylosis. According to progress report 10/02/2014, the patient is status post lumbar fusion which was taken place more than 20 years ago. The treating physician states that more recently, he has begun developing back pain and buttock pain once again. The low back pain radiates into the buttocks bilaterally. CT scan of the lumbar spine from 10/02/2014 revealed mild to moderate spinal stenosis at L3-L4, and solid fusion at L4-L5 and L5-S1. Examination revealed tender mid line in the low back and both S1 joints. Straight leg raise test was negative bilaterally. Bilateral lower extremity was neurologically intact. The treating physician requests bilateral transforaminal epidural steroid injection at level L3-L4 (x2) and lumbosacral spine series. Utilization review denied the request on 10/09/2014. Treatment reports 09/22/2014 and 10/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injections L3-L4 (x2): Upheld

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

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

Decision rationale: This patient presents with increasing low back pain with radiation into the bilateral lower extremities. CT scan of the lumbar spine revealed mild to moderate stenosis at L3-L4 due to degenerative changes without nerve root impingement. There was decreased range of motion, but straight leg raise was negative and intact neurological exam was noted. The MTUS Guidelines has the following regarding epidural steroid injections under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain (define as pain in the dermatomal distribution with corroborated findings of radiculopathy)." This patient has not tried ESI in the past. Although imaging revealed mild to moderate stenosis at L3-4 and L5-S1, the patient does not complain of any leg pain and examination findings were within normal limits. MTUS requires dermatomal distribution of pain/paresthesia, which must be corroborated by imaging for a diagnosis of radiculopathy. In this case, the patient does not present with any leg symptoms, only back pain, for which ESI is not indicated. Furthermore, MTUS does not support series of injections. Therefore, this request is not medically necessary.

Lumbosacral spine series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Low Back, Flexion/Extension Imaging Studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiograph X-Rays, Low Back Chapter

Decision rationale: This patient presents with increasing low back pain with radiation into the buttocks. The treating physician is requesting "lumbosacral spine series." Review of the medical file indicates the patient underwent CT scan on 09/29/2014. It is unclear why the treating physician is requesting re-imaging of the lumbar spine. MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, Official Disability Guidelines (ODG) has the following regarding radiograph x-rays under its low back chapter: "Not recommended routine x-rays in the absence of red flags. Lumbar spine radiograph should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks." In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. Therefore, this request is not medically necessary.