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| Case Number: | CM14-0039979 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 02/28/2012 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 & Rehab and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year-old male was reportedly injured on 2/28/2012. The mechanism of injury is noted as a fall. The most recent progress note, dated 3/20/2014, indicates that there are ongoing complaints of low back pain that radiates into the lower extremities. The physical examination demonstrated lumbar spine: decreased range of motion, tenderness in the lumbar and right buttock. Antalgic gait with difficulty walking with a single crutch, some discrepancy is noted on the sensory exam specifically the sharp versus dull. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medication, and conservative treatment. A request was made for referral for an epidural steroid injection (ESI) and lumbar MRI which was not certified in the pre-authorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a physiatrist for an ESI (Epidural Steroid Injection): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. After review of the medical documentation provided there was no objective clinical findings of radiculopathy along a specific dermatome on physical exam, nor is there a corroborative diagnostic study of radiculopathy. Therefore, this request is deemed not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there was no objective clinical findings of radiculopathy along a specific dermatome. Also, the clinician does not document that the claimant is willing to consider operative intervention. As such, secondary to a lack of clinical documentation the request fails to meet the ACOEM criteria and is not considered medically necessary.