

Case Number:	CM14-0040809		
Date Assigned:	06/30/2014	Date of Injury:	12/10/2009
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Management, 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 61-year-old with date of injury of December 10, 2009. The listed diagnoses per [REDACTED] dated March 10, 2014 are HNP at L4-L5 and L5-S1 with stenosis, lumbar radiculopathy, probable spondylosis of L5 per MRI, multilevel disk herniation of the cervical spine, possible cervical radiculopathy, carpal tunnel syndrome per EMG report, right sacroiliac (SI) radiculopathy per electromyogram (EMG). According to this report, the patient complains of aching and stabbing pain in her neck with numbness and aching pain that radiates to her bilateral upper extremities. She rates her pain 8/10 to 9/10 on the pain scale. She also notes burning and numbness in the low back that radiates to her bilateral lower extremities, right greater than the left. The patient is currently taking Norco, Flexeril, and Terocin patches. The patient states that her medications help reduce her pain and increase her ability to function and sleep. The objective findings show the patient is alert and oriented in no acute distress. Her gait is mildly antalgic and assisted by a single-point cane. Range of motion of the cervical, thoracic, and lumbar spines are decreased in all planes. There is decreased right C7 dermatome to pinprick and light touch. There is decreased right L3, L4, and L5 dermatomes to pinprick and light touch. Deltoids, biceps, internal and external rotators, wrist extensors and wrist flexors are 4/5 on the right. There is tenderness to palpation in the bilateral cervical paraspinal and lumbar paraspinal. Straight leg raise is positive on the right at 60 degrees with pain to the calf. The treator also references an EMG dated August 14, 2013 of the bilateral lower extremity showing a right SI radiculopathy. In this same report, an MRI of the cervical spine dated 04/03/2013 showed mild anterior spondylosis with small focal protrusions at C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1, but without evidence of canal stenosis or neuroforaminal narrowing at any level. The MRI of the cervical spine dated July 22, 2011 showed probable spondylosis of L5. There is a 3- to 4-mm anterolisthesis of L5 on S1. There is a 2- to 3-mm disk protrusion at L4-L5 with annular tear and

bilateral nerve root compromise. There is a 4-mm disk protrusion at L5-S1 with bilateral nerve root compromise. The utilization review denied the request on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the 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-Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG on MRIs (magnetic resonance imaging).

Decision rationale: This patient presents with chronic neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. The treater is requesting an MRI of the lumbar spine. The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In addition, ODG states that MRI is not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The records show that the patient received an MRI on July 22, 2011 and more recently on March 18, 2014. It appears that the treater went ahead with the MRI before the UR denied the request. The progress report dated 03/10/2014 notes decreased sensation in the right L3, L4, and L5 dermatomes. There is also tenderness upon palpation in the bilateral lumbar paraspinal muscles. The patient's complaints include burning and numbness in the low back radiating to the bilateral lower extremities, right greater than the left. However, there are no real neurologic progression such as atrophy due to weakness. There are no red flags such as bowel/bladder problems. There are no new injuries, changes in symptoms other than continued pain. The guidelines do not support routine updated MRI's for on-going symptoms without specific neurologic progressive deficit. The request for an MRI of the lumbar spine is not medically necessary or appropriate.

Transforaminal lumbar epidural steroid injection (ESI) at right L4-L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. The treater is requesting transforaminal lumbar epidural steroid injection at right L4-L5. The RFA report dated February 6, 2014 shows that the request is for a transforaminal lumbar ESI for the right L4, L5 and S1. The Chronic Pain Medical Treatment Guidelines Guidelines page 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. The Chronic Pain Medical Treatment Guidelines also states that no more than 2 nerve root level should be injected using transforaminal blocks. The MRI of the lumbar spine dated 03/18/2014 showed broad-based posterior disk herniation with hypertrophy of the ligamentum flavum and bilateral facet causing mild stenosis of the bilateral neuroforamen that contact the bilateral L4 and L5 exiting nerve roots. The records do not show any recent or previous ESI. The physical exam in the March 10, 2014 report showed decreased right L3, L4, and L5 dermatomes to pinprick and light touch. The straight leg raise (SLR) test is positive on the right at 60 degrees with pain to the calf. In this case, the patient presents with leg pain, and a trial of an ESI appear reasonable. The request for a transforaminal lumbar ESI at right L4-L5 is medically necessary and appropriate.

Cervical epidural steroid injection (ESI): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. The treater is requesting a cervical epidural steroid injection. According to the RFA dated February 6, 2014, the request is for an interlaminar epidural steroid injection at C5-C6. The Chronic Pain Medical Treatment Guidelines state that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. No more than 1 interlaminar level should be injected at one session. The records show that the patient does not have a history of epidural steroid injection. The MRI of the cervical spine dated 03/18/2013 showed a broad-based bulge osteophytic ridge and central protrusion with facet arthropathy results to mild to moderate canal stenosis, with moderate right neuroforaminal narrowing at C5-C6. The progress report dated February 6, 2014 notes decreased sensation at C7 dermatome to pinprick and light touch. In this case, the patient presents with radiating arm pain, and a trial of an ESI appear reasonable. The request for a cervical ESI is medically necessary and appropriate.

Acupuncture without stimulation, fifteen minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture guideline.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. The treater is requesting acupuncture without stimulation for fifteen minutes. According to the RFA report dated February 6, 2014, the treater is requesting acupuncture of the neck and low back twice a week for four weeks. The Acupuncture Medical Treatment Guidelines states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, the Acupuncture Medical Treatment Guidelines state that an initial trial of three to six visits is recommended. Treatments may be extended if functional improvement is documented. The acupuncture report dated March 21, 2014 documents treatment #4 noting that the patient has no relief from acupuncture. It appears that the treater went ahead and authorized the sessions before the UR denied it on March 25, 2014. In this case, the patient has not tried acupuncture in the past and an initial trial seems reasonable. However, the requested eight sessions, exceed the Acupuncture Medical Treatment Guidelines recommended initial trial of three to six visits. The request for acupuncture without stimulation, fifteen minutes, is not medically necessary or appropriate.