

Case Number:	CM14-0051176		
Date Assigned:	07/07/2014	Date of Injury:	03/12/2009
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Pain Medicine 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:

Patient is a 60-year-old female with a 03/12/09 date of injury. The follow-up notes dated 11/07/13 state that the previous right-sided L3 block dated 08/23/13 provided 10% improvement. Progress report dated 03/20/14 states her right sided symptoms have largely resolved and she has left-sided symptoms along the L5 root. The previous determination dated 03/28/14 includes a complete history section, indicating the following: MRI of lumbar spine without contrast dated 06/01/13 revealed moderate to severe facet arthropathy bilaterally at L4-5 worse on the right. This caused mild to moderate right neural foraminal narrowing more on the right than the left, lateral recess and mass effect on the transversing right L5 nerve root, at L3-4 there was a moderate to severe disk height loss, suspect a broad-based left extraforaminal 3-mm disk protrusion which contacted the exiting left L3 nerve root, mild endplate ridging at this level, right lateral listhesis of L3 on L4 by approximately 4 mm. Report dated 03/20/14 stated that the right-sided symptoms have largely resolved and she said the previous injection helped. She reported left-sided symptoms and described the left leg aching along the L5 root. The toe numbness was gone. She was having tingling in the left foot. She was recommended to begin an additional regimen of physical therapy for the new symptoms. Physical examination showed lumbar spine loss of 50% forward flexion without pain, loss of 75% extension with pain, left-sided bending full without pain, right side bending loss of 75% with pain, pain combined extension/rotation, tenderness at the right and midline over L3-4, at the hip is tenderness on the right no muscle spasm in the lumbar spine bilaterally, straight leg raise is positive on the left at 85 degrees, decreased sensation to light touch in the L4 distribution on the right, reflexes absent in the right patella, trace reflexes in the left patella, strength normal, gray to 5/5, no report of new injury or exacerbation. No mention that a surgical intervention was performed. The request is for lumbar epidural steroid injection at L5, and CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5: Upheld

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

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

Decision rationale: MTUS Guidelines are not met. The medical documentation provided does not include the details of previously unsuccessful conservative treatment. There is a mention that the patient was recommended for physical therapy and that she still takes Aleve, however there are no details of conservative treatment attempts, the amount of PT sessions attended, the duration of medication use and the types of medications used over time to address symptoms. In addition, reports dated 03/20/14 and 11/07/13 indicate identical assessments of range of motion as well as strength and reflexes. However, the report dated 11/07/13 stated 10% improvement, whereas report dated 03/20/14 stated that the patient's symptoms have largely resolved. There also is no documentation which would describe the patient's symptoms prior to the injection. As such, the request is not medically necessary.

CT Scan Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-310, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. These are not discussed in the documentation provided. Moreover, the records provided contain no rationale for requesting a CT scan. MTUS Guidelines state that imaging is recommended in patients who demonstrate nerve compromise and have not responded to treatment. There is no discussion of the prior treatment attempts. Guideline criteria are not met. As such, the request is not medically necessary.