MAXIMUS Federal Services

Case Number:	CM14-0059749		
Date Assigned:	07/09/2014	Date of Injury:	12/10/2009
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 61-year-old female with a date of injury of 12/10/2009. The listed diagnoses per [redacted] are HNP 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, right carpal tunnel syndrome per EMG, and right SI radiculopathy. According to the progress report dated 03/10/2014, the patient presents with ongoing neck and low back pain. She reports an increase of pain in her back since last visit. She is currently utilizing a cane to assist in walking. The patient complains of aching and stabbing sensation in her neck with numbness that radiates to her bilateral upper extremities. She notes a burning and numbing sensation in her low back that radiates to her bilateral lower extremities. Examination revealed range of motion of the cervical, thoracic, and lumbar spines are decreased in all planes. There is a decreased right C7 dermatome to pinprick and light touch. There is also decreased right L3, L4, and L5 dermatomes to pinprick and light touch. There is tenderness to palpation on bilateral cervical spinal and tenderness to palpation on bilateral lumbar paraspinal. Straight leg raise is positive on the right at 60 degrees with pain to the calf. EMG/NCS from 08/14/2013 of the bilateral lower extremities revealed right SI radiculopathy. MRI of the cervical spine from 04/03/2013 revealed mild spondylosis with small focal protrusions at C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1 but without evidence for canal stenosis or neuroforaminal narrowing at any level. MRI of the lumbar spine from 07/22/2011 revealed reversed wedging of L5, probable spondylosis of L5, and 3 to 4 mm anterolisthesis of L5 on S1. There is also a 2 to 3 mm disk protrusion at L4-L5 with annular tear and bilateral nerve root compromise and 4 mm disk protrusion at L5-S1. The patient's physician is requesting an MRI of the lumbar spine as the patient's prior studies are outdated from an interventional standpoint. He is also requesting

transforaminal epidural steroid injection to the right L4, L5, and S1 and an interlaminar epidural steroid injection at C5-C6. Utilization review denied the request on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back, Repeat MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with ongoing neck and low back pain. She reports an increase of pain in her back which radiates to her bilateral lower extremities, right greater than left. She has a burning and numbing sensation which radiates to the bilateral lower extremities. The patient's physician is requesting and updated MRI of the lumbar spine as the patient's prior studies are updated from an interventional standpoint. For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the patient's physician would like an updated MRI for continued symptoms. However, there are no new injuries, no significant changes in examination, and no new location of symptoms requiring additional investigation. Therefore, this request is not medically necessary.

Transforaminal epidural steroid injection (ESI) right L4, L5 and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46, 47.

Decision rationale: The MTUS guidelines states that epidural steroid injections are recommended as an option for treatment of radicular pain. In this case, MRI of the lumbar spine from 07/22/2011 revealed 4mm protrusion at L5-S1 and EMG apparently showed right S1 radiculopathy. The patient's physician wants to inject three different levels and the MTUS does not support more than 2 levels for transforaminal approach. Furthermore, the MRI does not show any significant findings that would support injections at L4 and L5. Given the patient's EMG for S1 radiculopthy, an injection at this level may be reasonable to try if not tried already. However, 3 level injections would not be indicated. Therefore, this request is not medically necessary.

Cervical epidural steroid injection (ESI) C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46, 47.

Decision rationale: The MTUS guidelines states that epidural steroid injections are recommended as an option for treatment of radicular pain. In this case, MRI of the cervical spine from 04/03/2013 revealed mild spondylosis without evidence for canal stenosis or neuroforaminal narrowing. In this case, MTUS requires dermatomal distribution of pain/paresthesia that is corroborated by imaging studies. This patient does not present with dermatomal distribution of pain and MRI findings do not point to a particular nerve root problem. Therefore, this request is not medically necessary.