

Case Number:	CM14-0068067		
Date Assigned:	08/08/2014	Date of Injury:	06/01/1990
Decision Date:	12/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported an injury on 06/01/1990. The mechanism of injury was not provided. On 04/02/2014, the injured worker presented with low back pain and mid thoracic pain. The diagnoses were thoracic radiculopathy along the bilateral T7-8, lumbago, and lumbar radiculopathy. Upon examination, she had bilateral T7 radiculopathy and L4 radiculopathy. There was also right L5 radicular pain. There was severe lumbago with flexion, extension, and rotation of her lower back and pain along her incisional area from prior surgeries. The provider recommended a thoracic epidural steroid injection, lumbar epidural steroid injection, MRI of the thoracic and lumbar spine, lumbar spine brace, and pool therapy, due to continued and prolonged subjective complaints and physical exam findings. Prior therapy included medications and a spinal cord stimulator. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection at T7-T8: Upheld

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

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

Decision rationale: The request for a thoracic epidural steroid injection at the T7-T8 level is not medically necessary. According to the California MTUS, an epidural steroid injection may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had continued complaints of radiating pain; however, there is no information on if the injured worker completed initially recommended conservative treatment. There were no MRI or electrodiagnostic findings to corroborate with physical exam findings of radiculopathy. There is no information on sensory deficits, motor strength deficits, or information on if the patient would be participating in an active treatment program following the requested injection. Moreover, the request failed to specify the use of fluoroscopy for guidance with the requested injections. Based on the above, the request is not medically necessary.

Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: The request for bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection is not medically necessary. According to the California MTUS, an epidural steroid injection may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had continued complaints of radiating pain; however, there is no information on if the injured worker completed initially recommended conservative treatment. There were no MRI or electrodiagnostic findings to corroborate with physical exam findings of radiculopathy. There is no information on sensory deficits, motor strength deficits, or information on if the patient would be participating in an active treatment program following the requested injection. Moreover, the request failed to specify the use of fluoroscopy for guidance with the requested injections. Based on the above, the request is not medically necessary.

MRI thoracic spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the thoracic spine is medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal findings identifying specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation revealed evidence of significant neurologic deficits upon physical examination. Additionally, the documentation showed that the injured worker had tried and failed an adequate course of conservative treatment. With documentation showing the failure of initially recommended conservative care including active therapies and neurologic deficits on physical exam, an MRI is supported by the referenced guidelines. As such, medical necessity has been established.

MRI lumbar spine: Upheld

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

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

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal findings identifying specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation revealed evidence of significant neurologic deficits upon physical examination. Additionally, the documentation showed that the injured worker had tried and failed an adequate course of conservative treatment. With documentation showing the failure of initially recommended conservative care including active therapies and neurologic deficits on physical exam, an MRI is supported by the referenced guidelines. As such, medical necessity has not been established.

LSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for an LSO brace is not medically necessary. The California MTUS/ACOEM Guidelines state because evidence is insufficient to support the use of a brace for treating low back injuries, it is not recommended. There is no medical indication that a back

brace would assist in the treatment for the injured worker. As such, medical necessity has not been established.

Pool therapy, four times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for pool therapy, 4 times a week for 6 weeks is not medically necessary. The guidelines recommend aquatic therapy as an optional form of exercise therapy where available and as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable. The guidelines recommend 10 visits of aquatic therapy over 4 weeks. There is a lack of documentation that the injured worker is specifically recommended for reduced weight bearing exercise. Additionally, there is a lack of objective functional deficits upon physical examination. As such, medical necessity has not been established.