

Case Number:	CM14-0070800		
Date Assigned:	07/14/2014	Date of Injury:	10/17/1994
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 59-year-old female who reported an injury on 10/17/1994. The mechanism of injury was not provided for review. The injured worker's treatment history included medications, aquatic therapy, and epidural steroid injections. The injured worker underwent a lumbar MRI that documented multilevel disc bulging with nerve root compromise specifically identified at the L2-3, L3-4, L4-5 and L5-S1. The injured worker was evaluated on 03/28/2014. It was documented that the injured worker had continued low back pain radiating into the right lower extremity exacerbated by walking. The injured worker's pain complaints were described as 9/10 with medications increased to 10/10 without medications. Physical findings included tenderness and spasming of the lumbar paravertebral musculature from the L3 to the S1 levels with decreased sensation to light touch in the L4-S1 dermatomal distributions and decreased motor strength of the left lower extremity in the L4-5 myotomal distribution. It was also noted that the injured worker had absent Achilles reflexes and left-sided patellar reflexes. The injured worker had positive straight leg raising test bilaterally at 45 degrees. The injured worker's diagnoses included lumbar disc displacement, lumbar facet arthropathy, lumbar postlaminectomy syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, fibromyalgia, anxiety, depression, chronic pain, and left hip osteoarthritis. It was noted that the injured worker previously underwent therapeutic lumbar epidural steroid injection with a positive response. A request was made for an additional transforaminal epidural steroid injection at the bilateral L4 through the S1. A request was made for an additional MRI and electrodiagnostic studies of the bilateral lower extremities to assist with treatment planning.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back- Lumbar and Thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The American College of Occupational and Environmental Medicine recommend MRIs for injured workers with clinically evident radiculopathy. However, Official Disability Guidelines do not recommend repeat imaging unless there is a significant change in the injured worker's clinical presentation to support progressive neurological deficits or a change in pathology. The clinical documentation submitted for review does not provide any evidence that the injured worker has had a significant progression in symptoms since the previous MRI. The injured worker's present physical findings are consistent with the pathology identified on the most recent lumbar MRI. Therefore, an additional MRI would not be indicated in this clinical situation. As such, the requested MRI of the Lumbar Spine without contrast is not medically necessary or appropriate.

NCV/EMG of the bilateral lower extremities: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine do not support the need for electrodiagnostic studies for clinically evidence radiculopathy. The clinical documentation submitted for review does provide significant indications to support the diagnosis of lower extremity radiculopathy. Therefore, the need for an electrodiagnostic study would not be indicated in this clinical situation. As such, the requested NCV/EMG of the bilateral lower extremities is not medically necessary or appropriate.

1 bilateral transforaminal epidural steroid injection at L4-S1 using fluoroscopy: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommends repeat injections for injured workers who have documentation of at least 50% pain relief for 4 to 6 weeks with documented functional improvement resulting from prior injections. The clinical documentation does indicate that the injured worker had good results from previous injections; however, there was no quantifiable or specific documentation of pain relief or functional improvement or a duration of relief provided. Therefore, additional epidural steroid injections would not be supported. As such, the requested Epidural Steroid Injection at the L5-S1 using fluoroscopy is not medically necessary or appropriate.