

Case Number:	CM14-0072496		
Date Assigned:	07/18/2014	Date of Injury:	06/01/1990
Decision Date:	08/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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:

According to the records made available for review, this is a 58-year-old female with a 6/1/90 date of injury. At the time (5/7/14) of request for authorization for MRI thoracic spine and transforaminal injection bilaterally at L4-5 and L5-S1, there is documentation of subjective (mid back pain radiating to lower back and right lower back pain radiating to right lower extremity) and objective (decreased range of motion with severe pain in the lower back radiating to L4, L5 and S1 dermatomal distribution) findings, current diagnoses (thoracic radiculopathy along the bilateral T7-T8 area, lumbago, and lumbar radiculopathy), and treatment to date (medications). Regarding MRI of thoracic spine, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery. Regarding transforaminal injection bilaterally at L4-5 and L5-S1, there is no documentation of subjective and objective radicular findings in each of the requested nerve root distributions; imaging findings at each of the requested levels; and failure of additional conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs). Decision based on Non-MTUS Citation OFFICIAL DISABILITY

GUIDELINES (ODG) LUMBAR INDICATIONS FOR IMAGING - MAGNETIC RESONANCE IMAGING.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Magnetic Resonance Imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a Thoracic MRI. Within the medical information available for review, there is documentation of diagnoses of thoracic radiculopathy along the bilateral T7-T8 area, lumbago, and lumbar radiculopathy. In addition, there is documentation of conservative treatment (medications). However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI Thoracic Spine is not medically necessary.

TRANSFORAMINAL INJECTION BILATERALLY AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROIDAL INJECTIONS (ESI's).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of thoracic radiculopathy along the bilateral T7-T8 area, lumbago, and lumbar radiculopathy. In addition, there is documentation of conservative treatment (medications). However, despite nonspecific documentation of subjective (right lower back pain radiating to

right lower extremity) and objective (lower back pain radiating to L4, L5, and S1 dermatomal distribution), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Furthermore, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for transforaminal injection bilaterally at L4-5 and L5-S1 is not medically necessary.