MAXIMUS Federal Services

Case Number:	CM14-0096841		
Date Assigned:	07/23/2014	Date of Injury:	01/12/2012
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/11/2014

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 & Rehab 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 39 year old female with a date of injury on 1/12/12. She was previously seen by the treating physician on 4/30/14, who stated that the the injured worker has bilateral leg pain and numbness, rated 9-10/10. On examination, she had decreased motor sensory to the right lower extremity. Her range of motion was painful and there was tenderness over paraspinals. The diagnoses were lumbar radiculopathy, gastritis, and anxiety / depression which are pain related. The plan was for epidural injections at L4-5 and L5-S1 and magnetic resonance imaging of the lumbosacral spine. She was last seen by the provider on 6/25/14, complaining of increased severe pain in the back radiating into the lower extremities. On examination, she could not walk erect; she was walking in forward flexed. Her back extension is lacking 10 degrees, and her side tilt is 15 degrees. The straight leg raise is positive at 30 degrees on the right. She has decreased sensation at posterolateral aspect of the right thigh and calf, dorsal foot with weakness of dorsiflexion of the right foot, 1-1/2 to 2 on muscle grades, and she is walking with significant limp and foot drop.

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI)Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: Per Official Disability Guidelines, magnetic resonance imaging is the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month of conservative therapy. This can take place sooner if there is severe or progressive neurologic deficit. A repeat magnetic resonance imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, or recurrent disc herniation). In this case, the treating physician has indicated that the injured worker presented on 6/25/14 with evidence of neurological deficits (numbness at the dorsal aspect of the right foot and dorsiflexion weakness). However, there is documentation of motor and sensory deficit in the right lower extremity on 4/30/14. There is no documentation of any red flag signs. Additionally, old office progress notes are not available for comparison and there is no record of the previous magnetic resonance imaging results. Furthermore, there is no documentation of trial and failure of conservative management, as required per the Official Disability Guidelines criteria. Hence, the medical necessity of magnetic resonance imaging of the lumbosacral spine is not established based on the guidelines and is not medically necessary.

Right L4-L5, L5-S1 lumbar epidural injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines for epidural steroid injections, it is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs, and muscle relaxants). In this case, the medical records failed to document any previous diagnostic studies or

epidural steroid injections with the functional outcome. There was no mention of a home exercise program, physical therapy, or medications. Based on the criteria presented as well as limited medical documentation, the request for one epidural steroid injection is not medically necessary.