

Case Number:	CM14-0007882		
Date Assigned:	02/10/2014	Date of Injury:	03/24/2010
Decision Date:	01/22/2015	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Interventional Spine Pain Management 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 28 year old female with an injury date of 03/24/10. Based on the 09/26/13 progress report, the patient complains of bilateral low back pain. The pain is deep, aching, throbbing, cramping, superficial, sharp, shooting, stabbing, burning, and pressure. The pain level is at 8/10 in worst and 7 out 10 at constant and average time. The pain is associated with numbness, tingling, pins and needles, weakness, burning, swelling, discoloration, difficulty walking, and balance problem. The pain exacerbated with prolonged sitting, standing, walking, flexion, extension, bilateral flexion, bilateral rotation, changing sleep in bed, driving, lifting, lying down, cold/damp weather, and coughing/sneezing. The range of motion of lumbar spine is decreased. Musculoskeletal examination showed back pain, neck pain, muscle spasm, right shoulder pain, right leg pain and right knee pain with weakness. The patient had the right knee, the right wrist, the left knee, and left ankle surgery in the past (dates not given). The patient has been completed 12 sessions of chiropractic treatments with good response. The patient has medication allergies on PCN, Amoxicillin, Mobic, Tramadol, Naproxen, and Robaxin. The diagnoses include following: Lumbar Radiculopathy, Lumbago, Lumbar DDD, Lumbar Spondylosis and Facet Pain. Per 09/11/13 report, the patient has positive muscle spasm and tenderness to palpation on lumbar spine. The patient received the lumbar epidural steroid injection with no complications. The treating physician is requesting MRI of the Lumbar Spine, X-ray of the Lumbar Spine (Flexion/Extension), Repeat Lumbar Epidural Steroid Injection (Unspecified Level), and Lumbar Rhizotomy (unspecified). The utilization review determination being challenged is dated 01/03/14. The requesting provider provided reports from 08/22/13-02/04/14.

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 QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 305. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Low Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI

Decision rationale: This patient presents with bilateral low back pain. The request is for MRI of the lumbar spine QTY 1. Review of reports does not show prior MRI report. None of the reports reviewed reference prior MRI. However, the patient has had an ESI and the injury date is 2010 and it is likely that the patient had an MRI. Regarding MRI study, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended for prior surgery, and for cauda equina syndrome or red flags. In this case, the treat does not state the reason for the request. The progress report from 9/26/13 states the patient has radicular pains, but subsequent reports indicate only low back pain. The patient is not post-operative, and has no evidence of any red flags or cauda equina. An MRI of lumbar spine is not medically necessary.

X-ray of the Lumbar Spine (flex/ext) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Low Back, Flexion/Extension Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter, flexion/extension X-rays

Decision rationale: This patient presents with bilateral low back pain. The request is for X-ray of the lumbar spine (Flexion/Extension). The ACOEM does not address flex/extension X-rays. ODG guidelines states, "For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." In this case, the patient does not present with spondylolisthesis or spondylolysis for which flex/ext x-rays are needed. There is no acute injury or trauma either. The request is not medically necessary.

Repeat LESI (Lumbar Epidural Steroid Injection) (unspecified level) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following criteria regarding ESI's, under its chronic pain section Page(s): 46 and.

Decision rationale: This patient is presents with bilateral low back pain. The request is for repeat lumbar epidural steroid injection (unspecified level) QTY 1. Per 09/11/13 report, the patient received an ESI via caudal approach without complications. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, the provider indicates that the patient has had an ESI in the past but does not discuss how the patient responded. For repeat injection, MTUS require documentation of pain improvement by 50% lasting 6-8 weeks and functional improvement. There is no documentation of radiculopathy either. No MRI's are provided, and no leg symptoms or radicular pains. The request is not medically necessary.

Lumbar Rhizotomy (unspecified level) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Low Back, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Lumbar supports

Decision rationale: This patient is presents with bilateral low back pain. The request is for Lumbar Rhizotomy (unspecified level) QTY 1. Utilization review letter denied the request stating that no prior diagnostic blocks showing facet joint syndrome was provided. ACOEM guidelines page 300 and 301 states, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG guidelines also require facet diagnostic evaluation via dorsal medial branch blocks with 70% or greater reduction of pain for the duration of anesthetic used. In this case, the review of the reports does not show that the patient has had a proper facet joint evaluation via a diagnostic DMB blocks. Furthermore, the patient does not present with lateralized pain with tenderness over the facet joints. The request is not medically necessary.