

Case Number:	CM14-0120101		
Date Assigned:	09/16/2014	Date of Injury:	05/30/2003
Decision Date:	02/23/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Illinois
 Certification(s)/Specialty: Internal Medicine

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 51-year-old female who reported an injury on 05/30/2003. The mechanism of injury occurred when the injured worker strained her back while handling material. Her diagnoses include lumbar degenerative disc disease, lumbar radiculopathy and muscle spasm. Her past treatments include medications and epidural steroid injections. Pertinent diagnostic studies include MRIs of the lumbar spine, x-rays of the lumbar spine and electrodiagnostic studies. Her surgical history was noncontributory. The injured worker presented on 01/08/2015 with complaints of low back pain radiating from her back down both legs. The injured worker rates her pain with medications as a 7.5/10 and without medications a 10/10. She denies any new problems or side effects. Upon physical examination of the lumbar spine, range of motion was restricted with flexion limited to 60 degrees, restricted by pain, extension was at 14 degrees with pain, but normal right lateral bending and left lateral bending. Tenderness to palpation was noted over the paravertebral musculature, spasm, tenderness and tight muscle bands were noted bilaterally. There was no spinal process tenderness noted. Lumbar facet loading was positive on both sides. Ankle jerk was 1/4 bilaterally, patellar jerk was 2/4 bilaterally. The injured worker had a negative Patrick's sign. Upon sensory examination, the injured worker was noted to have light touch sensation decreased over the L4 lower extremity dermatome on the left side. Straight leg raise test was positive on the left. Her current medication regimen included Cymbalta, MiraLAX, Norco, Lidoderm patch, docusate sodium, Zanaflex, Lunesta, Lyrica and Lexapro since at least 04/01/2014. The treatment plan included an approved extension for a previously approved referral to another physician for a re-

evaluation and treatment of the lumbar spine. The rationale for the request was that the injured worker had 1 episode of bowel incontinence, where she stated she could not feel a BM. A Request for Authorization form dated 08/14/2014, was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L-spine w/o contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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 - Lumbar & Thoracic (Acute & Chronic), MRIs (Magnetic Resonance Imaging)

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The injured worker has radiating low back pain. The Official Disability Guidelines do not recommend repeat MRIs and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as a tumor, infection, fracture, neural compression or recurrent disc herniation. The documentation submitted for review failed to provide evidence of a red flag indicating any progressive neurological deficit upon examination or symptoms/ findings suggestive of significant pathology on previous MRIs. As such, the request for MRI lumbar spine without contrast is not medically necessary.

Lumbar epidural steroid injection (ESI) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

Decision rationale: The request for lumbar epidural steroid injection (ESI) at L4-5 is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy on an electro diagnostic studies or magnetic resonance imaging. Additionally, the guidelines state that 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 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Moreover, the guidelines state that there must be evidence of improved function after the last injection, as evidenced by either improvement of activities of daily living or improved range of motion or motor strength. The documentation submitted for review failed to

provide evidence of radiculopathy at the L4-5 level on physical examination, corroborated by imaging studies or electrodiagnostic testing. In the absence of the aforementioned documentation, the request for lumbar epidural steroid injection at L4-5 is not medically necessary.

Gym membership x6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back updated 7/3/14 Gym Memberships

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 - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: The request for a gym membership x6 months is not medically necessary. The injured worker has radiating low back pain. The Official Disability Guidelines do not recommend gym memberships as a medical prescription, unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The documentation submitted for review did not provide evidence that there was an ineffective home exercise program that had been ineffective and there was a need for equipment. Additionally, the documentation submitted for review stated that the patient was highly encouraged to continue walking and stretching for daily exercise. Given the above, the request for gym membership x 6 months is not medically necessary.