MAXIMUS Federal Services

Case Number:	CM14-0161922		
Date Assigned:	10/07/2014	Date of Injury:	09/27/2010
Decision Date:	01/02/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic Spine Surgery, 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 60-year-old male with a reported injury on 09/27/2010. The mechanism of injury was not provided. The injured worker diagnoses included neural foraminal stenosis, lumbar instability, lumbar spondylosis, scoliosis, thoracic pain, and lumbar radiculitis. The injured worker's past treatments have included surgical intervention. No diagnostic testing results were provided for review. The injured worker's surgical history included a L4-5 micro decompression, L2-4 revision of fusion with removal of hardware, and T11-L4 fusion on 02/25/2014. The injured worker was evaluated on 07/30/2014 with complaints of severe pain down the right leg, consistent with L4 and L5 nerve roots. The clinician observed and reported a positive straight leg raise, antalgic gait, and positive lateral bending sign. The clinician's treatment plan included transforaminal epidural steroid injections on the right, and possible surgical revision. The injured worker was seen on 09/10/2014 but no subjective or objective findings were documented. No medication list was provided. The request is for CT scan of the lumbar spine and right L4-5, L5-S1 transforaminal epidural steroid injections. No rationale for the request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan 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), Low Back Chapter, Indications for imaging

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

Decision rationale: The request for CT scan of the lumbar spine is not medically necessary. The injured worker was status post micro decompression, revision of fusion with removal of hardware, and fusion surgery. The California MTUS/ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who did not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The most recent documentation provided did not indicate any objective physical findings. On 07/30/2014 there was documentation of a positive straight leg raise and lateral bending sign, dorsiflexion and plantar flexion strength was minimally decreased measuring 4+/5. There was no decrease in sensation documented. There was no documentation of deep tendon reflex findings. Additionally, no recent radiograph results were provided. Medical necessity has not been established based on provided documentation. Therefore, the request for CT scan of the lumbar spine is not medically necessary.

Right L4-5, L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

Decision rationale: The request for right L4-5, L5-S1transforaminal epidural steroid injection is not medically necessary. The injured worker did complain of pain in the right lower extremity, documented as consistent with L4-5 nerve roots. The California MTUS Chronic Pain Guidelines recommend the use of epidural steroid injections when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the pain is initially unresponsive to conservative treatment such as exercise, physical methods, non-steroidal anti-inflammatories, and muscle relaxants; injections should be performed using fluoroscopy; 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 6 to 8 weeks. The provided documentation did indicate that the injured worker had a positive straight leg raise and lateral bending sign with minimally decreased strength in dorsiflexion and plantar flexion. There was no documentation of decreased sensation or evaluation of deep tendon reflexes. There was no documentation that the injured worker participated in a home exercise program and there was no documentation of medication use. The request did not include fluoroscopy for guidance. Previous determinations that were submitted for review indicated that the injured worker had previous epidural steroid injections without

significant pain relief. Medical necessity has not been established based on the provided documentation. Therefore, the request for right L4-5, L5-S1 transforaminal epidural steroid injection is not medically necessary.