

Case Number:	CM15-0002683		
Date Assigned:	01/13/2015	Date of Injury:	02/13/1974
Decision Date:	04/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 65 year old male sustained an industrial injury on 2/13/74 with subsequent chronic lumbar spine pain. The only documentation submitted for review was an initial evaluation dated 11/4/14, in which the injured worker reported lumbar pain 6/10 on the visual analog scale with radiation down to bilateral hips and numbness in bilateral legs. Current diagnoses included chronic low back pain and multilevel degenerative disk disease. The physician noted that the most recent radiograph of the lumbar spine showed multilevel degenerative disc disease with dextroscoliosis. Physical exam was remarkable for lacking 10 inches touching his fingers to toes sitting or fingers to the floor standing. Straight leg raise was 90 degrees bilaterally and 110 degrees laterally supine. The treatment plan included requesting a pain management evaluation for lumbosacral epidural steroid injections and obtaining an updated MRI of the lumbar spine. On 12/2/14, Utilization Review noncertified a request for pain management evaluation for lumbosacral epidural steroid injection and MRI of lumbar spine citing CA MTUS, ODG and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation for Lumbosacral Epidural Steroid Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Criteria for the Use of Opioids, Weaning of Medications Page(s): 8, 76-77, 124.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing on-going lower back pain that went into the legs. These records did not suggest any of the above situations were occurring. The documented pain assessments were minimal and did not contain most of the elements recommended by the Guidelines. There was no discussion suggesting why medication injected near the spinal nerves would be helpful at this time. In the absence of such evidence, the current request for a pain management specialist evaluation for a possible lumbosacral epidural steroid injection is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back Chapter, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing on-going lower back pain. Documented examinations did not describe findings consistent with an issue involving a specific spinal nerve. In the absence of such evidence, the current request for a repeat lumbar MRI is not medically necessary.