

Case Number:	CM15-0134947		
Date Assigned:	07/23/2015	Date of Injury:	03/06/2000
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72-year-old female, who sustained an industrial injury on 03/06/2000. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06/19/2015 the injured worker has reported increased symptoms in her back radiating down her legs, right greater than left. On examination of the she was noted to have marked tenderness at her lumbosacral junction, buttock, and straight leg raise was positive. The diagnoses have included degenerative spondylolisthesis and degenerative arthritis of her lumbosacral spine. Treatment to date has included medication. The injured worker was noted to have undergone x-rays of the lumbar spine. The injured worker was noted to be permanent and stationary status. The provider requested MRI of the lumbar spine and lumbar epidural steroid injection at right L4-L5 and L5-S1 (may require series of 3).

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: Decision based on MTUS ACOEM Page(s): 303-304.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: According to MTUS guidelines, ACOEM recommends imaging studies for the following issues: 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, and 4) clarification of the anatomy prior to an invasive procedure. ACOEM does state that MRI could be considered the test of choice in patients with prior back surgery; however this evidence is not strong and received a D rating (not recommended). Guidelines also do not recommend special studies until a 3-4 week period of conservative care fails to improve symptoms. ODG does not recommend imaging except in specific circumstances, and recommends reserving for significant changes in symptoms and/or findings suggestive of significant pathology. Indications for lumbar MRI imaging include 1) lumbar spine trauma with neurological deficit, 2) suspicion of cancer, infection, or other red flags, 3) Radiculopathy unresponsive to conservative therapy after one month, 4) prior lumbar surgery, 5) cauda equine syndrome, 6) myelopathy. The medical documentation indicates low back pain, and there are some indications of Radiculopathy although neurological exam is essentially normal other than some reduced sensation. There is no indication of red flag or other indications as noted above. The pain also appears to be chronic in nature, and no acute change appears to have occurred other than potential worsening of the chronic condition. A period of failed conservative care is not clearly documented, and it is unclear what therapies have been tried prior to this evaluation. There are no clear indications as listed above, for a follow-up MRI at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary at this time.

Lumbar epidural steroid injection at right L4-L5 and L5-S1 (may require series of 3):
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: According to MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain and can provide short term pain relief in conjunction with other rehab efforts, including a home exercise program. The guidelines state the Radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electro diagnostic testing, and the patient should be initially unresponsive to conservative treatment. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Applicable MTUS criteria for ESIs for this case: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. Recommend no more than 2 ESI injections. Medical documentation does not indicate failure of conservative therapy. Physical exam show some evidence of Radiculopathy, but it is not corroborated by imaging or electro diagnostic testing showing neural compromise. There is no documentation

that shows conservative therapy has failed, or that other rehab efforts or a home exercise program are being utilized, which is recommended to ensure continued improvement. A series of three injections is also not recommended. Therefore, the request for "Lumbar epidural steroid injection at right L4-L5 and L5-S1 (may require series of 3)" is not medically necessary at this time.