

Case Number:	CM15-0138591		
Date Assigned:	07/28/2015	Date of Injury:	01/07/2013
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 36 year old male sustained an industrial injury to the low back on 1/7/13. Magnetic resonance imaging lumbar spine (5/2014) showed left paracentral disc protrusion at L5-S1 with mild narrowing of the left foramen. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 6/15/15, the injured worker complained of ongoing low back pain rated 9/10 on the visual analog scale without medications and 7/10 with medications. The injured worker stated that medications allowed him to stay somewhat functional. Physical exam was remarkable for lumbar paraspinal musculature spasms and positive left straight leg raise. Current medications consisted of Norco and Tizanidine. Current diagnoses included Low back pain and lumbar myofascial pain. The physician noted that in an agreed medical evaluation dated 2/24/15, the physician recommended epidural steroid injections of the lumbar spine for sacroiliac radiculopathy and computed tomography myelogram of the lumbar spine. The treatment plan included requesting authorization for computed tomography myelogram of the lumbar spine and epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram of the lumbar spine no levels specified: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, there are no physical examination findings consistent with acute or subacute radicular pain syndrome. There is no mention of trauma, myelopathy, or a recent fusion. In the absence of such documentation, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.

L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.