MAXIMUS Federal Services

Case Number:	CM15-0187457		
Date Assigned:	09/29/2015	Date of Injury:	10/13/2008
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female with an industrial injury date of 10-13-2008. Medical records indicate she is being treated for status post partial laminectomy, herniated nucleus pulposus at lumbar 5-sacral 1 and ongoing bilateral neuropathic leg pain. Subjective complaints (08-21-2015) included increased back and lower extremity symptoms. The injured worker notes since her last office visit her symptoms have increased "due to increased activity." She reported a "constant dull aching and burning pain" right greater than left. She reported "radiating, burning pain" down the bilateral lower extremities, left worse than right. The injured worker also noted she was able to increase the amount of time spent walking to 30-60 minutes. "She has difficulty sitting and standing for long periods of time due to increased pain following activity." Her pain rating is documented as 4-5 out of 10. Work status is documented (08-21-2015) as "If no modified work is available, employer must keep employee off work unless, and until such modified work is made available." Prior treatments included physical therapy, chiropractic treatment, epidural steroid injections, medial branch blocks and lumbar rhizotomy. In the 08-04-2015 treatment note the treating physician documented lumbar spine MRI results (09-13-2013) as showing: (1) degenerative disc disease and facet arthropathy with post-operative changes and retrolisthesis lumbar 2-3 and lumbar 5-sacral 1; (2) canal stenosis includes lumbar 3-4 and lumbar 4-5 mild canal stenosis; (3) neural foraminal narrowing includes lumbar 2-3 severe right, mild left; lumbar 3-4 mild to moderate right and lumbar 4-5 mild to moderate bilateral neural foraminal stenosis. Electro diagnostic report dated 08-14-2015 was ready by the physician as: Abnormal study. The electro diagnostic study reveals evidence that is suggestive of active on

chronic right sacral 1 radiculopathy. The electro diagnostic study reveals evidence that is suggestive of chronic left sacral 1 radiculopathy. There is no electro diagnostic evidence of generalized peripheral neuropathy focal nerve entrapment. Physical exam (08-21-2015) documented decreased sensation on the right lumbar 3 and lumbar 4 dermatomes and to the left lumbar 5 dermatome. Patellar and Achilles reflexes were hypo reflexive bilaterally and she had a positive facet provocation test. Her medications included Percocet, Lyrica and Aleve. The treatment request is for pain management consult and MRI of lumbar spine. On 09-10-2015 the request for pain management consult and MRI of lumbar spine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI: thoracic, lumbar - Magnetic resonance imaging.

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), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in October 2008 and is being treated for low back pain with bilateral radicular symptoms and has a history of a partial lumbar laminectomy at L4/5. Interventional treatments have included bilateral transforaminal epidural steroid injections in 2012 and 2013 and a lumbar radiofrequency ablation in May 2015. The previous pain management provider is no longer available. When seen, she was having increased low back and lower extremity symptoms. Her low back symptoms remained improved after the radiofrequency ablation. Physical examination findings included decreased lumbar range of motion. There was decreased left lower extremity strength and sensation. Facet testing was positive. A continued exercise program was recommended. A repeat MRI and new pain management consults are being requested. Electrodiagnostic testing on 08/14/15 included findings of an active on chronic right S1 radiculopathy with chronic left S1 radiculopathy. The last MRI in September 2013 showed findings of multilevel foraminal and canal stenosis with severe foraminal stenosis at L2/3. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the recent electrodiagnostic testing indicates that there is ongoing right S1 radiculopathy. The claimant has a history of a partial laminectomy. Her electrodiagnostic findings do not correlate with the reports MRI findings from September 2013. Further surgery may be an option depending on the results of the scan. A repeat MRI is medically necessary.

Pain management consult: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in October 2008 and is being treated for low back pain with bilateral radicular symptoms and has a history of a partial lumbar laminectomy at L4/5. Interventional treatments have included bilateral transforaminal epidural steroid injections in 2012 and 2013 and a lumbar radiofrequency ablation in May 2015. The previous pain management provider is no longer available. When seen, she was having increased low back and lower extremity symptoms. Her low back symptoms remained improved after the radiofrequency ablation. Physical examination findings included decreased lumbar range of motion. There was decreased left lower extremity strength and sensation. Facet testing was positive. A continued exercise program was recommended. A repeat MRI and new pain management consults are being requested. Electrodiagnostic testing on 08/14/15 included findings of an active on chronic right S1 radiculopathy with chronic left S1 radiculopathy. The last MRI in September 2013 showed findings of multilevel foraminal and canal stenosis with severe foraminal stenosis at L2/3. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with positive electrodiagnostic testing. She had benefit from prior lumbar epidural steroid injections and a repeat epidural steroid injection or other treatment might be an option in the claimant's care. Requesting a referral to pain management is appropriate and medically necessary.