

Case Number:	CM15-0189426		
Date Assigned:	10/01/2015	Date of Injury:	03/03/2015
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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:

The injured worker is a 45 year old male, who sustained an industrial injury on 3-3-15. Current diagnoses or physician impression includes lumbar sprain-strain, and lumbar-lumbosacral degenerative disc disease. His work status is temporary total disability. A note dated 8-11-15 - 8-18-15 reveals the injured worker presented with complaints of low back pain that radiates to his hips, legs and feet and is associated with numbness. The pain is constant and rated at 4-7 out of 10 and increases at night. The pain interferes with activities of daily living. He also reports the pain is increased by bending, rising in the morning, moving around, pulling, pushing, reaching out or up, prolonged sitting and standing. A physical examination of the lumbar spine dated 8-11-15 revealed tenderness over the "paravertebral region, spinous process and sacroiliac joints bilaterally." There were noticeable "trigger points in the lumbar paraspinals." There is decreased muscle strength and straight leg raise test is positive on the left. He is able to heel-toe walk, but with pain in the left. His lumbar range of motion is restricted due to pain. He has decreased sensation over "L5 and S1 dermatomes" on the left and decreased sensation to light touch on the left foot. Motor strength is decreased in "L5 and S1 muscle groups." Treatment to date has included physical therapy, which did not provide relief (greater than 30 sessions) and cortisone injections (#10) provided relief, per note dated 8-11-15, pain management. Diagnostic studies to date has included x-rays, MRIs, AIM (anatomical impairment measurements), toxicology screen and chiropractic care. A request for authorization dated 8-11-15 for lumbar epidural steroid injection #1 and myelography, lumbosacral spine #1 is denied, per Utilization Review letter dated 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection QTY 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for Lumbar epidural steroid injection QTY 1.00, 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 recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are imaging studies corroborating the diagnosis of radiculopathy. As such, the currently requested Lumbar epidural steroid injection QTY 1.00 is medically necessary.

Myelography, lumbosacral spine QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Myelography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for a lumbar myelography, MTUS states that myelography is optional for preoperative planning if MRI is unavailable. Official Disability Guidelines state that myelography is not recommended except for selected indications, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is no indication that the patient is in need of additional lumbar imaging and that the current MRI is inconclusive, nor is there any indication that the requesting physician is contemplating invasive surgical intervention at the current time. In light of the above issues, the currently requested lumbar myelography is not medically necessary.