

Case Number:	CM15-0203495		
Date Assigned:	11/10/2015	Date of Injury:	05/14/2015
Decision Date:	12/21/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 5-14-2015. The injured worker is being treated for acute severe disc herniation L5-S1 with right radiculopathy and impingement of the right S1 nerve root, and lumbosacral strain. Treatment to date has included diagnostics, extracorporeal shockwave therapy (ESWT), use of assistive device for ambulation and medications. Per the Doctor's First Report dated 8-28-2015 the injured worker reported pain in the low back radiating to the right buttock region and right lower extremity. He also experiences sharp pain in the right calf as well as numbness and tingling. Objective findings included tenderness to ballottement of the L5-S1 spinous processes. There is ipsilateral muscle spasm on the right and severe sciatic notch tenderness on the right as well as tenderness along the sciatic nerve posteriorly. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporarily totally disabled. The plan of care included, and authorization was requested for open magnetic resonance imaging (MRI) of the lumbar spine (due to claustrophobia), one consultation for lumbar epidural steroid injection (ESI), one 60mg Toradol injection, Naproxen 500mg, Tramadol 50mg and Medrol dosepak. On 9-22-2015 Utilization Review non-certified the request for open MRI of the lumbar spine, Toradol injection, Naproxen, Tramadol and Medrol dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

One open air MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, one open-air MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are acute severe disk herniation L5 - S1 with right radiculopathy and impingement right S1 nerve root; lumbosacral strain. Date of injury is May 14, 2015. Request for authorization is September 8, 2015. According to a first provider's report dated August 28, 2015, the injured workers subjective complaints of low back pain that radiates to the right lower extremity, right buttock with numbness and tingling in the right calf. Objectively, the injured worker ambulates with a cane and has spasm and tenderness in the right lumbar paraspinal muscles. There is decreased sensation in the S1 dermatome to pin with positive straight leg raising. An MRI was performed in [REDACTED] May 20, 2015. The documentation indicates the MRI imaging results were disc desiccation at both L4 - L5 and L5 - S1. At L4 - L5, there is posterior - lateral left-sided 4 mm disc compressing the L5 nerve root. At L5 - S1 there is an 8mm disk protrusion impinging on the right S1 nerve root. The treating provider is requesting a repeat magnetic resonance imaging scan based on poor quality. It is unlikely a repeat magnetic resonance imaging scan will significantly change the medical care and treatment of the injured worker. An epidural steroid injection was requested and approved based on clinical findings and magnetic resonance imaging scanning. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, one open-air MRI of the lumbar spine without contrast is not medically necessary.

One Toradol 60mg injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Toradol.

Decision rationale: Pursuant to the Official Disability Guidelines, one Toradol 60mg injection is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder section with up to three injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured worker's working diagnoses are acute severe disk herniation L5 - S1 with right radiculopathy and impingement right S1 nerve root; lumbosacral strain. Date of injury is May 14, 2015. Request for authorization is September 8, 2015. According to a first provider's report dated August 28, 2015, the injured workers subjective complaints of low back pain that radiates to the right lower extremity, right buttock with numbness and tingling in the right calf. Objectively, the injured worker ambulates with a cane and has spasm and tenderness in the right lumbar paraspinal muscles. There is decreased sensation in the S1 dermatome to pin with positive straight leg raising. An MRI was performed in [REDACTED] May 20, 2015. The documentation indicates the MRI imaging results were disc desiccation at both L4 - L5 and L5 - S1. At L4 - L5, there is posterior - lateral left-sided 4 mm disc compressing the L5 nerve root. At L5 - S1 there is an 8mm disk protrusion impinging on the right S1 nerve root. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injury is four months old and in the chronic phase. There is no clinical indication for Toradol. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, one Toradol 60mg injection is not medically necessary.

One prescription for Medrol dospak: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Corticosteroids.

Decision rationale: Pursuant to the Official Disability Guidelines, one prescription for Medrol dose pack is not medically necessary. Oral corticosteroids are recommended in limited circumstances for acute radicular pain. They are not recommended for acute non-radicular pain. Criteria for use include clear cut signs and symptoms of radiculopathy; risks of steroids should be discussed and documented; the patient should be aware that research provides limited evidence of effect and this should be documented in the record; and current research indicates early treatment is most successful; treatment in the chronic phase should generally be after a symptom-free period with subsequent exacerbation or evidence of a new injury. In this case, the injured worker's working diagnoses are acute severe disk herniation L5 - S1 with right radiculopathy and impingement right S1 nerve root; lumbosacral strain. Date of injury is May 14,

2015. Request for authorization is September 8, 2015. According to a first provider's report dated August 28, 2015, the injured workers subjective complaints of low back pain that radiates to the right lower extremity, right buttock with numbness and tingling in the right calf. Objectively, the injured worker ambulates with a cane and has spasm and tenderness in the right lumbar paraspinal muscles. There is decreased sensation in the S1 dermatome to pin with positive straight leg raising. An MRI was performed in [REDACTED] May 20, 2015. The documentation indicates the MRI imaging results were disc desiccation at both L4 - L5 and L5 - S1. At L4 - L5, there is posterior - lateral left-sided 4 mm disc compressing the L5 nerve root. At L5 - S1 there is an 8mm disk protrusion impinging on the right S1 nerve root. Oral corticosteroids are recommended in limited circumstances for acute radicular pain. They are not recommended for acute non-radicular pain. The injured worker is in the chronic phase of the injury. There is no clinical indication or rationale for oral corticosteroids. There is no documentation of limited evidence of effect with corticosteroids. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one prescription for Medrol dose pack is not medically necessary.