

Case Number:	CM15-0205088		
Date Assigned:	10/22/2015	Date of Injury:	06/05/2012
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 33 year old female patient who sustained an industrial injury on 06-05-2012. The diagnosis includes lumbosacral neuritis. According to an initial pain management evaluation dated 09-24-2015, she had right-sided sciatica. Pain was constant and described as burning, aching and sharp. She reported associated tingling, numbness and weakness. Pain was made worse with activity including bending. It was improved with lying flat and with rest. Pain was rated 7 out of 10. Objective findings included reduced range of motion in the lumbar spine, antalgic gait, paravertebral tenderness to palpation adjacent to the inferior lumbar facet joint, reduced sensation to light touch in the skin overlying the right calf, 1+ right achilles deep tendon reflex, 2+ on the left. There were long tract signs. The medications list includes ibuprofen and hydrocodone. The following medications were prescribed: Medrol Dosepak and Topiramate. She had a MRI lumbar spine report dated 10-21-2014 which revealed at L3-L4 minimal right paracentral disc protrusion without neural compression, at L4-L5 minimal central disc protrusion with neural compression, at L5-S1 small central disc protrusion with mild central thecal sac effacement no neural compression, no evidence of stenosis and no other acute findings; an MRI of the lumbar spine without contrast dated 04-30-2013 which showed mild central stenosis at L4-L5 due to a disc bulge, at L5-S1, as a disc protrusion with high intensity zone causing mild central canal stenosis; EMG/NCS dated 10/4/2013 which revealed mild right L5 radiculopathy. She has history of an epidural steroid injection on the right side at the L4-L5 interspace using interlaminar approach on 1/24/14, which was associated with a positional headache afterwards.

There was also a history of lumbar epidural analgesia placed for labor pain, which was complicated by postdural puncture headache. She had brace and physical therapy for this injury. The treatment plan included MRI of the lumbar spine and right L5 and right S1 transforaminal epidural steroid injection. Authorization requests dated 09-24-2015 were submitted for review. On 10-14-2015, Utilization Review non-certified the request for MRI of the lumbar spine and transforaminal epidural steroid injection right L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15), MRIs (magnetic resonance imaging).

Decision rationale: MRI Lumbar Spine. Per the ACOEM low back guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits in this patient. Per the records provided, the patient has had a MRI lumbar spine dated 10-21-2014 which revealed at L3-L4 minimal right paracentral disc protrusion without neural compression, at L4-L5 minimal central disc protrusion with neural compression, at L5-S1 small central disc protrusion with mild central thecal sac effacement no neural compression, no evidence of stenosis and no other acute findings; an MRI of the lumbar spine without contrast dated 04-30-2013 which showed similar findings; EMG/NCS dated 10/4/2013 which revealed mild right L5 radiculopathy. Per the cited guidelines "Repeat MRI 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)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to recent conservative therapy is not specified in the records provided. Repeat MRI lumbar spine is not medically necessary for this patient at this juncture.

TF ESI Right L5 and S1: Upheld

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

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

Decision rationale: Request: TF ESI Right L5 and S1. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)...7) In the therapeutic phase, 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." As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. She has history of an epidural steroid injection using interlaminar approach on 1/24/14. Documented evidence of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous lumbar epidural steroid injections, is not specified in the records provided. Response to recent conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. TF ESI Right L5 and S1 is not medically necessary for this patient.