MAXIMUS Federal Services

Case Number:	CM15-0028008		
Date Assigned:	02/20/2015	Date of Injury:	01/03/2013
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained a work/ industrial injury on 1/3/13. He has reported symptoms of chronic low back pain reported as 7/10. The diagnoses have included lumbago, joint pain of upper arm, and disorders of the sacrum. Treatments to date included medications, conservative measures, chiropractic care, surgery, and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Diagnostics included a Magnetic Resonance Imaging (MRI) that revealed L4-5 laminectomy with 4 mm midline posterior disc/osteophytes complex versus focal scar, L5-S1 mild bilateral facet hypertrophy, no significant central canal or foraminal stenosis. Medications included MS Contin and Lyrica. The Magnetic Resonance Imaging (MRI) was requested to determine if the 4 mm disc bulge versus scar to determine if there was any pathology that may respond to interventions. Exam on 12/31/14 noted decreased patella reflexes, flexion and strength with mild pre-tibial edema (L>R).On 1/13/15, Utilization Review non-certified MRI of The Lumbar Spine with Contrast; Lumbar Medial Branch Block to Bilateral L5-S1 Facet ; Steroid Injection for The Left Lateral Epicondyle Tendonitis, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Lumbar Spine with Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings or progressive neurological deficits to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of The Lumbar Spine with Contrast is not medically necessary and appropriate.

Lumbar Medial Branch Block to Bilateral L5-S1 Facet: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing disc protrusion. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar Medial Branch Block to Bilateral L5-S1 Facet is not medically necessary and appropriate.

Steroid Injection for The Left Lateral Epicondyle Tendonitis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter 10: Elbow Complaints, Corticosteroid Injections, pages 22-24.

Decision rationale: Guidelines for Elbow Complaints in regards to corticosteroid injections have no recommendation that require ultrasound-guided injection of the elbow commonly done by clinical exam. Although studies indicate that corticosteroid injections produce short-term pain relief; however, in the long-term, they are less effective with poor outcome and insignificant clinical improvement in providing pain relief and benefit for acute cases of epicondylitis diagnosis compared to the first-line treatment of physical therapy. There are also higher recurrence rates with many patients experiencing a return of symptoms within several months after injection and note repeat injections to be considered on case by case basis. Studies indicate the short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Additionally, long-term use of corticosteroid injections for tendinopathy may be harmful with some risks of tendon fraying and rupture with moderate evidence of harmful effects from repeated injections. Submitted reports have not demonstrated the indication, ADL limitations or failed conservative treatment to support for this corticosteroid injection outside guidelines criteria. The Steroid Injection for The Left Lateral Epicondyle Tendonitis is not medically necessary and appropriate.