

Case Number:	CM15-0213582		
Date Assigned:	11/03/2015	Date of Injury:	09/26/1989
Decision Date:	12/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/30/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 26, 1989. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for a Medrol Dosepak and lumbar MRI imaging. The claims administrator referenced a September 23, 2015 office visit in its determination. On said September 23, 2015 office visit, the applicant reported ongoing issues with chronic low back and knee pain status post multiple prior knee surgeries. The applicant had received earlier epidural steroid injection therapy, the treating provider acknowledged. The applicant also employed a variety of opioid agents, the treating provider reported. The applicant reported an abrupt worsening of symptoms about 1-1/2 weeks prior. Shooting pain about the bilateral lower extremities was reported, 7-10/10. 4/5 left lower extremity motor function was reported with positive straight leg raising, the treating provider noted. The applicant had undergone an earlier failed lumbar laminectomy surgery, the treating provider acknowledged. A Medrol Dosepak was endorsed, on the grounds that the applicant had developed an acute flare in radicular pain complaints. Lumbar MRI imaging was sought on the grounds that the applicant had developed new-onset lower extremity weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol 4mg dosepak: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Low Back Disorders, pg. 506.

Decision rationale: Yes, the request for a Medrol Dosepak was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that oral steroids are not recommended in the low back pain context present here, this recommendation is, however, contravened by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Chapter, which notes that systemic glucocorticosteroids are recommended in the treatment of acute and severe radicular pain syndromes for the purposes of obtaining a short-term reduction in pain. Here, the applicant presented on September 23, 2015 reporting a 1-1/2-week flare in lower extremity radicular pain complaints. Introduction of the Medrol Dosepak at issue was indicated to ameliorate the same. Therefore, the request was medically necessary.

MRI lumbar spine with and without contrast: Overturned

Claims Administrator 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, Lumbar and Thoracic (Acute and Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Summary.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine with and without contrast was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is recommended as a test of choice for applicants who have had prior back surgery. The MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 also notes that MRI imaging with gadolinium contrast positive for scarring represents the diagnostic study of choice for applicants who do have suspected diagnosis of post-laminectomy syndrome, as was seemingly present here. The applicant had undergone earlier lumbar laminectomy surgery, the treating provider acknowledged on September 23, 2015. The applicant reported a flare in lower extremity radicular pain complaints and reported new-onset lower extremity weakness, the treating provider contended. Obtaining MRI imaging to delineate the extent of the applicant's acute flare in radicular complaints and reported new-onset radicular signs was, thus, indicated. The fact that the applicant had prior lumbar spine surgery strongly suggested that the applicant would likely act on the results of the study in question and potentially consider further surgery based on the outcome of the same. Therefore, the request was medically necessary.