

Case Number:	CM15-0036697		
Date Assigned:	03/05/2015	Date of Injury:	07/20/2009
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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 47-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 20, 2009. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and lumbar epidural steroid injection therapy under sedation and fluoroscopy. The claims administrator referenced a February 5, 2015 progress note in its determination. Non-MTUS Third Edition ACOEM Guidelines were also cited and, furthermore, mislabeled as originating from the MTUS. The claims administrator contended that the applicant had undergone previous epidural steroid injection therapy on October 30, 2014, without profit. The applicant's attorney subsequently appealed. In a January 20, 2015 progress note, the applicant reported severe, 10/10 low back pain. The applicant was considering a spinal cord stimulator. The applicant was using Norco four times daily. The applicant had apparently gone to the emergency department reporting a flare in pain. The applicant's medications list included Zoloft, Norco, Cymbalta, Lyrica, and Ambien. The applicant was placed off of work, on total temporary disability, and asked to pursue a psychological evaluation prior to pursuit of a spinal cord stimulator trial. In a progress note dated January 20, 2015, the applicant again reported ongoing complains of low back pain radiating into the right leg, 8/10. Hyposensorium was noted about the right leg with slightly antalgic gait evident. The applicant was, once again, placed off work, on total temporary disability. Epidural steroid injection therapy was proposed while the applicant was kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the proposed lumbar MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, however, the progress note of January 20, 2015 contained no references to the applicant's actively considering or contemplating further surgical intervention involving the lumbar spine based on the outcome of the study in question. The attending provider stated, in a somewhat academic manner, that he was searching for structural abnormalities that could be contributing to the applicant's pain. There was, thus, no evidence that the applicant would have acted on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The requesting provider was a pain management specialist, not a spine surgeon, further reducing the likelihood of the applicant acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Lumbar Epidural Steroid Injection under sedation and fluoroscopy for guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Similarly, the request for a lumbar epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. The request in question does represent a repeat epidural steroid injection as the applicant has had prior epidural steroid injection therapy, including as recently as late 2014. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off work, on total temporary disability, despite receipt of at least one prior epidural steroid injection. The applicant continues to remain dependent on opioid agents such as Norco, which the applicant is apparently consuming at a rate of four tablets daily. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

