

Case Number:	CM15-0053049		
Date Assigned:	03/26/2015	Date of Injury:	06/13/2012
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 was a 55-year-old female, who sustained an industrial injury, June 13, 2012. The injured worker previously received the following treatments 3 epidural steroid injections, Cymbalta, Baclofen, Lidoderm Patches, lumbar spine MRI, June 13, 2012 random laboratory studies, acupuncture and x-rays of the lumbar spine. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and facet arthropathy, failed back surgery, cervical dorsal muscle pain, right shoulder strain/sprain, bilateral facet hypertrophy at L4-L5 with foraminal narrowing at L3-L4, L4-L5 and L5-S1. According to progress note of January 22, 2015, the injured workers chief complaint was lumbar spine pain. The worse pain was with standing or sitting. The pain lessens with lying down. The physical exam noted low back pain with positive strain leg testing on the right and left. The treatment plan included lumbar epidural steroid injection and lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records report radicular pain with physical exam findings of positive straight leg raise in a radicular distribution. The notes report no imaging or neurophysiology testing. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As the records do not demonstrate corroboration by EMG or neuroimaging, the medical records do not support an ESI.

MRI of lumbar spine w/o contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, MRI.

Decision rationale: Physical examination was noted to show tender motion and positive straight leg raise which is a sign of neurologic compromise. ODG guidelines support imaging for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. As such the medical records provided for review, do support imaging at this time given the noted neurologic findings.