

Case Number:	CM15-0053659		
Date Assigned:	03/27/2015	Date of Injury:	08/23/2013
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
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: New Jersey, New York

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:

The injured worker is a 38 year old male, who sustained an industrial injury on August 23, 2013. He reported a lower back injury. The injured worker was diagnosed as having lumbar strain, lumbar disc degeneration, and lumbar canal stenosis. Treatment to date has included x-rays, MRI, physical therapy, a cane, lumbosacral support, work modifications, home exercise program, and pain, topical non-steroidal anti-inflammatory, and muscle relaxant medications. On November 18, 2014, he underwent a lumbosacral spine epidural steroid injection. On December 12, 2014, the injured worker reports the injection helped and he is feeling better. His left foot has started hurting again in the last week. The physical exam did not include objective findings of a lumbar exam. The treatment plan includes a repeat MRI of the lumbar spine and repeat lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- MRI: thoracic, lumbar.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. Therefore, the request for a repeat lumbar MRI is medically unnecessary.

Repeat Epidural steroid facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-lumbar facet injections.

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

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, no more than 2 epidural steroid injections are recommended. The patient had an epidural steroid injection. There was no specific objective evidence of documented improvement in pain and functional capacity. At least 50% pain relief with associated reduction of medication use for 6-8 weeks should be documented. There was no corroboration between exam findings and imaging to support the diagnosis of radiculopathy. Because of these reasons, the request is considered not medically necessary.