

Case Number:	CM15-0081416		
Date Assigned:	05/04/2015	Date of Injury:	11/23/2010
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 61 year old male, who sustained an industrial injury on November 23, 2010. The injured worker was diagnosed as having chronic back pain, lumbar disc disease with herniation, spondylosis and radicular symptoms in legs. Treatment and diagnostic studies to date have included nerve blocks, physical therapy and medication. A progress note dated April 2, 2015 provides the injured worker complains of chronic back pain that has increased over the last few months. He reports pain radiates to legs with burning in the right toes. Physical exam notes slight decreased range of motion (ROM) of the lumbar area with pain. The plan includes magnetic resonance imaging (MRI), nerve block and neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbosacral spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 301-315.

Decision rationale: Regarding this request for an MRI of the Lumbar spine, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination as sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. This request is reasonable as surgery is now being considered, and there are new neurologic findings. Slight weakness with dorsiflexion of the right foot, decreased sensation to light touch and pin prick over the 3rd-5th toes, lateral aspect of the foot and distal calf on the right. For these reasons, this request is considered medically necessary.

Transforaminal nerve block at right L4-L5 by an anesthesiologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, page 80.

Decision rationale: MTUS Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and 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) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Regarding this patient's case, there is no radiculopathy documented by physical examination that collaborates with imaging studies. Likewise, this request is not considered medically necessary, as MTUS guidelines have not been satisfied. The request is not medically necessary.