MAXIMUS Federal Services

Case Number:	CM14-0143693		
Date Assigned:	09/12/2014	Date of Injury:	05/21/2012
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34 year old male with an injury date of 05/21/12. The 08/04/14 progress report by [redacted] states that the patient presents with increased low back pain and left leg radiculopathy associated with numbness and tingling. Reports show the patient is currently working with restrictions. Examination reveals tenderness at the L5-S1 level with restricted range of motion and positive straight leg raise on the left. The treater cites x-rays taken 08/04/14 that show evidence of degenerative disc disease and intervertebral disk space narrowing and the L5-S1 level.The treater notes a Lumbar MRI from January 2013 that shows disc desiccation at L5-S1 with a 2 mm disk protrusion with mild foraminal narrowing bilaterally. The patient's diagnosis is L5-S1 lumbar disc desiccation and radiculits. The utilization review being challenged is dated 08/14/14. Treatment reports were provided from 12/17/12 to 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic) ,

Decision rationale: The patient presents with low back pain and left leg radiculopathy associated with numbness and tingling. The treater requests for MRI of the lumbar spine. The treater notes that the patient's symptoms seem to be progressively worsening and desires a new lumbar MRI to evaluate for any worsening neural impingement. On 05/20/14 it is noted the patient's prior MRI is over one year old. No prior lumbar surgery or new injury is noted. ODG guidelines state that for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. In this case the patient is documented to have radiating pain with a positive straight leg test, and many months of conservative treatment. ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". In this case, although the treater feels that the patient is worsening, there is no progression of neurologic deficit such as weakness; no new injury; no red flags such as bowel/bladder symptoms; and no significant change in clinical presentation such as new symptoms. Previous MRI showed only mild findings only with a small disc protrusion at L5-S1. There is no contemplation for surgery either. Recommendation is for denial.

Epidural Steroid Injection at L5-S1: Upheld

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

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

Decision rationale: The patient presents with low back pain and left leg radiculopathy associated with numbness and tingling. The treater requests for Epidural Steroid Injections at L5-S1 and notes the request is to provide significant and sustained improvement in pain symptoms and activities of daily living and functional mobility. MTUS guidelines pages 46,47 state that , "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. " On 12/12/13 [redacted] states, "The patient has undergone a transforaminal injection at L5-S1 without complication. He did not notice any major improvement in the paid radiating into his left buttock." The 05/20/14 treatment report states, "8/8/13-Left L5-S1 facet injections-80% relief for 1 week." Per MTUS, repeat ESI's are not supported without documentation of significant pain and functional improvement from prior injection. Recommendation is for denial.