

Case Number:	CM14-0219015		
Date Assigned:	01/09/2015	Date of Injury:	08/06/2004
Decision Date:	03/13/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 58 year old female with a date of injury as 08/06/2004. The current diagnoses include lumbar disc degeneration, lumbar radiculopathy, and myofascial pain. Previous treatments include medications, lumbar epidural injections, physical therapy, and back brace. Report dated 10/07/2014 noted that the injured worker presented with complaints that included increasing leg pain. Physical examination revealed a small amount of left paraspinous lumbar tenderness, reduced forward flexion in the lumbar spine with increased pain in the left leg, positive slump test and straight leg raise on the left. Last MRI was performed approximately three years ago. The physician noted that the injured worker had approximately 3 months of complete relief with the prior injection. The injured worker is currently working. The utilization review performed on 11/27/2014 non-certified a prescription for MRI lumbar spine without dye and lumbar epidural steroid injection based on medical necessity. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE W/O DYE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing back pain, pain in the leg, and problems sleeping. The submitted and reviewed documentations described radicular signs involving the L5 and S1 spinal nerves with worsening symptoms despite aggressive conservative management. While not specifically stated, the records suggest the worker remains a possible surgical candidate if that type of treatment was indicated. In light of this supportive evidence, the current request for MRI of the lumbar region without dye is medically necessary.

INJECT SPINE LUMBAR/SACRAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing back pain, pain in the leg, and problems sleeping. The documented examination described radicular signs involving the L5 and S1 spinal nerves. The worker reported improvement for three months with a prior injection at the L4 level. However, there was no documentation of imaging and/or electrodiagnostic studies demonstrating radiculopathy. Further, the request does not indicate the specific location planned for the treatment, and the consistency cannot be correlated. For these reasons, the current request for injection of unspecified medication at unspecified levels of the lumbosacral spine is not medically necessary.