

Case Number:	CM14-0085078		
Date Assigned:	07/23/2014	Date of Injury:	10/25/1988
Decision Date:	06/08/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 56 year old male who sustained an industrial injury on 10/25/1988. He reported low back pain and pain into his right buttocks and calf. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included a lumbar epidural steroid injection on 01/06/2011 which was helpful. According to the consultation note of 05/16/2014 his pain has been successfully managed with epidural steroid injections for pain. Currently, the injured worker complains of pain primarily right sided in nature radiating into the right buttock and calf and progressing into the right medial ankle and foot. The pain is aggravated by activities of standing, flexing, and sitting. The worker is taking ibuprofen 400 mg but having GI discomfort. He has failed Ultracet and T#3 as they are no longer as effective as in the past. Butrans patch caused confusion and sedation and Tramadol has not worked. Requests for authorization for a MRI of the lumbar spine and a Lumbar transforaminal epidural injection were submitted. On 05/22/2014 the Utilization Review agency non-certified a MRI of the lumbar spine citing CA- MTUS ACOEM (American College of Occupational and Environmental Medicine) Chapter 12 Low Back Complaints, Chapter 12 page 53, 303. On 05/22/2014 the Utilization Review agency non-certified a Lumbar transforaminal epidural injection to right L4-5, L5-S1 under fluoroscopy, cites MTUS ACOEM Chapter 12 Low Back Complaints Chapter 12 page 309.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Imaging.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.

Lumbar transforaminal epidural injection to right L4-5, L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines (ESIs) Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI 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. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living.

Criteria to repeat the LESI have not been met or established. The Lumbar transforaminal epidural injection to right L4-5, L5-S1 under fluoroscopy is not medically necessary and appropriate.