

Case Number:	CM15-0117627		
Date Assigned:	06/25/2015	Date of Injury:	09/27/2011
Decision Date:	07/31/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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:

This injured worker is a 48 year old female, who reported an industrial injury on 9/27/2011. Her diagnoses, and or impression, were noted to include: sciatica; coccyx contusion; lumbar spondylosis; and chronic pain syndrome. No current imaging studies were noted. Her treatments were noted to include an agreed medical examination on 10/7/2013; diagnostic studies; lumbar epidural steroid injections 4 years prior; Toradol injection therapy; trans-cutaneous electrical nerve stimulation unit therapy; high-level narcotic pain medications and medication management; and returned to modified work duties then placed off work on 5/5/2015 for incapacitating injury or pain. The progress notes of 5/5/2015 reported ongoing complaints of constant, moderate left low-back pain that increased with activity, radiated to the right thigh, was associated with stiffness, and interfered with sleep, which was helped by medications. Objective findings were noted to include positive focal weakness/paresthesia; no distress; tenderness with pain, spasm and decreased range-of-motion in the lumbar spine; diffuse weakness and sensory deficit in the right foot/toe; and positive straight leg raise test. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the lumbosacral spine followed by a pain management consultation and treatment with lumbosacral epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

Decision rationale: Review indicates previous EMG/NCS on 11/14/11 was negative. Previous MRI of the lumbar spine on 10/26/11 was essentially unremarkable. The patient has received extensive treatments for chronic ongoing symptom complaints with 2 previous LESI; however, without functional improvement. Current treatment plan is to repeat the lumbar spine MRI for unspecified change in condition, but noted ongoing constant chronic pain with diffuse weakness and sensory deficits. Per 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. 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 have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific progressive deterioration in clinical findings, new injury or changed permanent status to support repeating this imaging study as the patient is without specific dermatomal or myotomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Lumbar MRI is not medically necessary and appropriate.

Repeat LESI at L4-5 and L5-S1 After Lumbar MRI Completed, with pain Consultation and Then Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural 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. 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 two previous 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 repeat LESI at L4-5 and L5-S1 after lumbar MRI completed, with pain consultation and then treatment is not medically necessary and appropriate.