

Case Number:	CM15-0129455		
Date Assigned:	07/16/2015	Date of Injury:	07/01/2011
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45-year-old male, who sustained an industrial injury on July 1, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having chondromalacia patellae and sprains and strains of lumbar region. Treatment to date has included diagnostic studies, surgery and medication. On June 9, 2015, the injured worker complained of lower backache, mid back pain and right hip pain with stiffness. The treatment plan included an MRI, lumbar epidural injection and medication. On June 22, 2015, Utilization Review non-certified the request for MRI of the lumbar spine and L4-L5 epidural steroid injection, citing California MTUS/ACOEM Guidelines and Official Disability Guidelines.

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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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, and recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The documentation is not clear on what prior imaging was performed on the low back with a work injury dating back to 2011. The request for MRI of the lumbar spine is not medically necessary.

L4-L5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Clin Neurophysiol. 2013 Feb; 124 (2):405-9. doi: 10.1016/j.clinph. 2012.07.020. Epub 2012 Sep 18.

Decision rationale: L4-L5 epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and a review of the literature. A study in Clinical Neurophysiology states that the preservation of SNAP amplitude in radiculopathy remains an electrophysiological dogma with a little exception. If the reduction of SNAP amplitude affects other nerves, causes other than radiculopathy should be sought. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective radiculopathy on imaging studies. The physical exam findings are not clear of a radiculopathy in the proposed area for injection. Furthermore, it is unclear how a diagnosis of radiculopathy was made after reviewing the electrodiagnostic report as the needle EMG findings on the documentation submitted are completely normal. Additionally, the sensory nerve action potentiation (SNAP) amplitudes are decreased which are not likely in pure radiculopathy. Additionally, the request does not specify laterality for this injection. For all of these reasons the request for epidural steroid injection is not medically necessary.