MAXIMUS Federal Services

Case Number:	CM15-0175067		
Date Assigned:	09/16/2015	Date of Injury:	08/22/2005
Decision Date:	11/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 22, 2005. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve requests for thoracic MRI imaging and a lumbar epidural steroid injection. Office visits of July 27, 2015 and July 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said July 27, 2015 office visit, the applicant reported 8/10 pain with medications versus 10/10 pain without medications. The applicant's medication list included Norco, Coreg, Lasix, Zestril, and Metformin. The applicant was still smoking, it was acknowledged. The applicant's pain complaints were worsening. The applicant exhibited a slow gait. The applicant's BMI was 33, it was reported. The applicant exhibited 5-/5 lower extremity motor function, reportedly limited secondary to pain, with symmetric reflexes. Norco, Lidoderm, and repeat lumbar thoracic MRI imaging was sought to determine the etiology of the applicant's worsening pain complaints. The applicant was placed off of work, on total temporary disability, and asked to cease smoking. A lumbar epidural steroid injection was sought. There was no mention whether the applicant had or had not had a prior epidural steroid injection. The requesting provider was seemingly a pain management physician, it was suggested. There was no mention how the proposed MRI study would influence or alter the treatment plan. On September 10, 2015, the attending provider reiterated the request for MRI imaging, citing the presence of an implantable cardiac defibrillator. On July 9, 2015, the applicant was asked to try and lose weight. Once again, the applicant was asked to cease smoking. There was no mention whether the applicant had or had not had prior epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC: Low back procedure summary; Indications for MRI.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for MRI imaging of the thoracic spine is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the neck and/or upper back to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the July 27, 2015 office visit made no mention of the applicant's willingness to consider or contemplating any kind of invasive procedure involving the thoracic spine based on the outcome of the study in question. The applicant's presentation on that date, moreover, was not seemingly suggestive or evocative of thoracic radiculopathy. The bulk of the information on file focused on documentation of the applicant's primary pain generator, the lumbar spine. There was no incidental mention made of the applicant's thoracic spine issues (if any). Therefore, the request is not medically necessary.

Lumbar epidural steroid injections L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Similarly, the request for a lumbar epidural steroid injection at L5-S1 is likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Medical Treatment Guidelines qualifies its recommendation by noting that there should be radiographic and/or electrodiagnostic corroboration of radiculopathy. Here, however, the attending provider's July 27, 2015 office visit did not establish radiographic or electrodiagnostic corroboration of lumbar radiculopathy at the level in question. Lumbar MRI findings and/or lower extremity electrodiagnostic testing results (if any) were not clearly discussed. Page 46 of the MTUS Chronic Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection is predicated on evidence of lasting analgesia and functional improvement from earlier blocks. Here, however, the attending provider's July 27, 2015 office visit made no mention whether the applicant had or had not had prior epidural blocks or not. Therefore, the request is not medically necessary.