

Case Number:	CM15-0177274		
Date Assigned:	09/18/2015	Date of Injury:	03/18/1999
Decision Date:	10/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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 62 year old female who reported an industrial injury on 3-18-1999. Her diagnoses, and or impressions, were noted to include: history of periodic-recurrent lower back pain and sciatica, with flare-up. No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies of the lumbar spine on 3-26-2014, noting abnormal findings; and medication management. The progress notes of 8-17-2015 reported a return visit, unfortunately reporting that she was worse with bilateral lower back pain, rated 6 out of 10, and bilateral sciatica pain, rated 6 out of 10, with pain down the legs, that worsened with movements, sitting and activity; and that due to both her blood pressure, and that she did not like the side-effects from taking periodic non-steroidal anti-inflammatories. Objective findings were noted to include: increased pain with lumbar range-of-motion which was limited; symmetrically depressed deep tendon reflexes at the ankles; report of wrapping around of numbness-tingling in her left lateral leg, not present at that time, but a classic lumbar 5 dermatomal-radicular distribution; positive bilateral straight leg raise; and the review of the 3-26-2014 lumbar magnetic resonance imaging studies. The physicians request for treatments was noted to include repeat magnetic resonance imaging studies of the lumbar spine due to worsening back pain with bilateral sciatica; and a prescription for a Medrol-Dosepak, with the discontinuation of Ibuprofen while taking it. The Request for Authorization, dated 8-24-2015, was for lumbar magnetic resonance imaging, and Medrol Dose Pak. The Utilization Review of 8-28-2015 non-certified the requests for a magnetic resonance imaging studies of the lumbar spine, and a Medrol- Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the spinal canal, lumbar with contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute (20th annual edition), 2015. Low Back - Lumbar & Thoracic (acute & chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates the patient underwent previous MRI of the lumbar spine in 2014 with noted abnormal findings. 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 spinal canal, lumbar with contrast material is not medically necessary and appropriate.

Medrol-Dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th edition), 2015, Pain (chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, page 624.

Decision rationale: Per the guidelines, oral corticosteroids (Medrol Dose pack) are not recommended for acute, sub-acute and chronic spine and joint pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence which indicates that oral steroids do not appear to be an effective treatment for patients with spine and joint

problems and has serious potential complications associated with long-term use. Submitted reports have not demonstrated specific indication and support for use outside guidelines criteria for this chronic injury without demonstrated functional improvement from medications already received. The Medrol-Dosepak is not medically necessary and appropriate.