

Case Number:	CM15-0062813		
Date Assigned:	04/09/2015	Date of Injury:	10/26/2001
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: Internal 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 63 year old male who sustained an industrial injury on October 26, 2001. He has reported low back pain and has been diagnosed with lumbar radiculopathy, spinal/lumbar degenerative disc disease, and sacroiliac pain. Treatment has included injections, medications, and chiropractic care. Currently the injured worker reported low back pain which radiated to the left lower extremity. The treatment request included MRI lumbar spine and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - repeat MRI studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291, 303-305, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that neurologic deficit is a red flag for potentially serious low back conditions. Red flags include severe low back pain, progressive numbness or weakness, significant progression of weakness, significant increased sensory loss, new motor weakness, and radicular signs. MRI magnetic resonance imaging is indicated to define a potential cause of tissue insult or nerve impairment. The primary treating physician's progress report dated 3/11/15 documented back pain radiating from the low back down the left leg. The pain has increased since the last visit. Physical examination demonstrated lumbar tenderness and decreased range of motion. Straight leg raise test was positive on the left side. Decreased sensation was noted in the left lower extremity. Diagnoses were lumbar radiculopathy and lumbar spine degenerative disc disease. Per MTUS & ACOEM, neurologic deficits, radicular signs, and increased low back pain support the request for MRI magnetic resonance imaging of the lumbar spine. Therefore, the request for lumbar spine MRI is medically necessary.

Left transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Most current guidelines recommend no more than 2 ESI injections. No more than 2 epidural steroid injections are recommended. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The primary treating physician's progress report dated 3/11/15 documented that the patient had multiple epidural injections in the past, with relief on most but not all of the injections. The total number of past epidural injections was not documented. The magnitude and duration of the effects from the past epidural injections were not documented. Per MTUS, 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. Most current guidelines recommend no more than 2 ESI injections. No more than 2 epidural steroid injections are recommended. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The results of past MRI magnetic resonance imaging studies were not documented. No electrodiagnostic testing corroborating radiculopathy were documented. MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request for lumbar epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for a lumbar epidural steroid injection is not medically necessary.