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| Case Number: | CM14-0145255 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 09/25/2012 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who reported a date of injury of 09/25/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of thoracic/lumbosacral neuritis (unspecified) and intervertebral disc dissection with myelopathy of the lumbar region. Prior treatments included physical therapy and home exercise program. The injured worker had an EMG/NCV on 05/21/2014, with the official report indicating no evidence of lumbosacral radiculopathy and bilateral absence of superficial peroneal sensory responses were a weak finding; an MRI of the lumbar spine on 04/03/2014, with the official report indicating normal lordosis was present, congenital size of the spinal canal was average, and the distal conus medullaris, cauda equina, and nerve roots appeared normal. Surgeries included a lumbar right sided laminectomy and decompression at L4-5 on 08/21/2013. The injured worker had complaints of lumbar pain and radicular pain into the right medial thigh, the posterior calf, and plantar right foot. The clinical note dated 08/25/2014 noted the injured worker had normal range of motion of the lumbar spine and normal strength testing. There was no presence of tenderness to palpation. Deep tendon reflexes of the Achilles tendon were symmetric and graded 2/4 on the left and 0/4 on the right. Sensory testing for pinprick, light touch, position, and vibration of the lower leg was intact, except reduced on the right side at lateral and posterior calf and plantar foot. Medications were not indicated within the medical records provided. The treatment plan included the physician's recommendation for a right Transforaminal Epidural Steroid Injection at L4 and L5, for the injured worker to follow-up in 4 weeks, updated x-rays with flexion and extension and to follow-up in 6 weeks. The rationale was indicated as the right lower extremity radiculopathy correlated to L5 and S1 dermatomes, and the physician's need for an updated x-ray. The Request for Authorization form was received on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Right Transforaminal ESI is not medically necessary. The injured worker had complaints of lumbar pain and radicular pain into the right medial thigh, the posterior calf, and plantar right foot. The California MTUS Guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain. Epidural Steroid Injections can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery, and do not provide long term pain relief beyond 3 months. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is a lack of documentation the injured worker was unresponsive to conservative treatments such as exercise, physical methods, NSAIDs or muscle relaxants. The injured worker had a right sided laminectomy and decompression at the L4-5 on 08/21/2013, for which there is a lack of documentation indicating the injured worker was unresponsive to physical therapy or other conservative treatments. There is a lack of documentation the injured worker has significant functional deficits. Furthermore, the guidelines indicate radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. The injured worker had an EMG/NCV on 05/21/2014, with the official report indicating findings of normal studies and no radiculopathy, as well as an MRI of the lumbar spine on 04/03/2014 indicating L4-5 moderate bilateral recess/foraminal narrowing due to a circumferential 2 mm disc bulge with central annular fissures and L3-4 mild bilateral foraminal narrowing due to circumferential 1 to 2 mm disc bulge and facet arthropathy. There is lack of documentation indicative of the injured worker having radiculopathy in the reports of the MRI and electrodiagnostic studies. As such, the request is not medically necessary.

X-rays for lumbar 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Duration Guidelines

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

Decision rationale: The request for X-rays for lumbar 4 views is not medically necessary. The injured worker had complaints of lumbar pain and radicular pain into the right medial thigh, the posterior calf, and plantar right foot. The California MTUS/ACOEM Guidelines do not recommend x-rays of the lumbar spine with patients with low back pain and the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. The guidelines indicate radiography is best suited for detecting spinal stenosis. However, MRIs are most suited for detecting disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The injured worker is noted to have had an MRI on 04/03/2014 with official findings indicating normal lordosis was present, congenital size of the spinal canal was average, and the distal conus medullaris, cauda equina, and nerve roots appeared normal. There is a lack of documentation the injured worker has red flags to warrant an x-ray. As such, the request is not medically necessary.