

Case Number:	CM14-0146512		
Date Assigned:	09/12/2014	Date of Injury:	06/28/2007
Decision Date:	11/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine 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:

This is a 62 year-old male who has reported low back pain after an injury on 6/28/07. The industrial diagnoses include lumbar degenerative disc disease, spondylolisthesis, and radiculopathy. This injured worker also has diabetes, treated with oral medications. A lumbar MRI on 9/9/13 showed spinal stenosis, multilevel spondylosis, and possible nerve root compression at multiple levels. Treatment has included physical therapy, chiropractic, medications, epidural steroid injection, and a gym membership. The available records also refer to hip and knee total joint arthroplasties, with no dates given. The medical records over the last year describe ongoing low back and leg pain with no neurological deficits or significant changes over time. Per the PR2 of 7/30/14, there was ongoing low back pain which was positional and which radiated to both feet. Prior spinal injections reportedly gave unspecified short term relief. Radiographs and an MRI from 2013 were reviewed. Additional lumbar radiographs were taken at this visit, and continued to show the degenerative changes evident on prior studies. No neurological deficits were present. The treatment plan included a lumbar epidural steroid injection for unspecified radiculopathy, with no specific details provided for the procedure. There was no discussion of the use of steroids in a diabetic patient. On 8/20/14 Utilization Review non-certified a lumbar epidural steroid injection and lumbar radiographs. The Utilization Review noted prior medical records (11/6/13) which stated that epidural steroid injections had failed to provide benefit, and the epidural steroid injection request lack sufficient details of the proposed procedure. Utilization Review noted that there was a lack of indications for the x-ray study in light of the prior imaging that included an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection x 1 with Fluoroscopic Guidance: Upheld

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

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The treating physician did not provide any details of the procedure, such as level and side. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injection, and the records appear to state that there was no benefit at all (per the report described in Utilization Review). The treating physician did not address the diabetes in light of the proposed steroid injection. An epidural steroid injection can cause elevated blood glucose, and this would need to be considered and monitored in this kind of patient. Based on the MTUS indications which are not met in this case, as well as the lack of any evidence that the diabetes was considered as a risk factor, the request for an Epidural Injection is not medically necessary.

Retrospective: X-Ray of Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging -- Plain X-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays)

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as Unequivocal objective findings that identify specific nerve compromise on the neurologic examination. No red flag conditions were identified. The treating physician did not provide specific indications for performing repeat lumbar x-ray studies, particularly when prior studies had been performed in 2013 while the injured worker was having the same symptoms. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. In this case, no new signs or symptoms were described. The current clinical exam and those performed over the last year

were benign (although the injured worker clearly was described as having ongoing pain). Based on lack of sufficient indications per the cited guidelines, the request for Repeat X-Ray studies of the Lumbar Spine are not medically necessary.