

<b>Case Number:</b>	CM13-0001213		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/08/2005
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2013

### 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 and 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 57-year-old female who reported an injury on 10/08/2005. The mechanism of injury was noted to be zoning carsseats and strollers when she felt something pop. The injured worker had prior treatments of epidural steroid injections. Her diagnosis was noted to be lumbar sprain. It was noted in the patient's history that she had increased symptomatology. Her last epidural steroid injection was 10/04/2012. It was noted that this served her well. The injured worker had a clinical evaluation on 09/24/2013. This exam noted objective findings demonstrating motor strength in the lower extremities to be 4/5 throughout in the iliopsoas, quadriceps, hamstring, tibialis posterior, gastrosoleus, and extensor hallucis longus and tibialis anterior. She had sensory deficits in the L4-5 dermatomal distribution predominantly with some overlap of L5-S1. There was positive straight leg raise in the supine position at 40 degrees dorsiflexion of the foot and in the sitting position at 30 degrees dorsiflexion of the foot. The treatment plan was for an MRI study. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT LUMBAR ESI WITH FLUOROSCOPY, AT L4-5 AND L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The request for OUTPATIENT LUMBAR ESI WITH FLUOROSCOPY, AT L4-5 AND L5-S1 is non-certified. The California MTUS/American College of Occupational and Environmental Medicine Guidelines indicate that invasive techniques (example: local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The injured worker's clinical evaluation fails to provide adequate indicators to meet the criteria for an epidural steroid injection. The Official Disability Guidelines provide criteria and note the purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. There is no documented radiculopathy in the clinical documentation. An official MRI of the lumbar spine indicating radiculopathy at L4-5 and L5-S1 is not provided within the documentation. There is no indication that there has been failure of conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. The lack of documented neurological deficits of decreased reflexes and decreased sensation to a specific dermatome was not noted for this request. Therefore, the request for OUTPATIENT LUMBAR ESI WITH FLUOROSCOPY, AT L4-5 AND L5-S1 is not medically necessary.

**Repeat MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for a repeat MRI of the lumbar spine is non-certified. The California MTUS/American College of Occupational and Environmental Medicine state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines state repeat MRI is not routinely

recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker's request for authorization for a repeat MRI of the lumbar spine is dated 09/27/2013. The office visit on 09/24/2013 indicated objective findings of motor strength in the lower extremities to be 5/5. It is noted the tibialis anterior at that time was 4-/5. There were sensory deficits in the L4-5 dermatomal distribution predominantly with some overlap at L5-S1 and a positive straight leg raise. The Guidelines do not recommend repeat MRI in the absence of new or progressive neurological deficits. The clinical information provided failed to provide objective information supporting new or progressive neurological deficits. Therefore, according to the Guidelines, the injured worker does not meet the criteria for a repeat MRI. As such, the request for a repeat MRI of the lumbar spine is not medically necessary.