

<b>Case Number:</b>	CM13-0017708		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 underlying date of injury in this case is 10/07/2003. This patient is a 56-year-old man with the diagnosis of status post an L4-L5 and L5-S1 laminectomy and discectomy in 2004. The patient has reported ongoing low back pain radiating to the legs and knee. Lumbar MRI imaging in May 2013 demonstrated disc bulging as well as severe right neural foraminal stenosis at L2-L3 and severe central stenosis at L3-L4 and moderate central stenosis at L4-L5. The treatment at issue includes the request for bilateral epidural injections at L3-L4. An initial reviewer recommended noncertification of request for bilateral epidural injections on a flexion/extension lumbar MRI. That reviewer also recommended modification of lab testing to include a CBC with platelets but did not include request for a CRP or C-reactive protein study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A bilateral transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, Epidural Injections Page(s): 46..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing for an epidural injection. This patient appears to have multilevel symptoms and physical exam findings. It is not clear that this patient has focal disease at a particular nerve root level. Therefore, the guidelines do not support this request as medically necessary. Additionally, it is noted that the same guidelines also note regarding the purpose of epidural injections that the purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given that this injury dates back over a decade, it is not clear that there are meaningful clinical goals at this time for an epidural injection. The request for an epidural steroid injection is not medically necessary and appropriate.

**A flexion/extension MRI study of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303..

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back Chapter, MRI. .

**Decision rationale:** ACOEM Guidelines recommend lumbar spine imaging when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Additionally, guidelines for repeat lumbar MRI imaging can be found in the ODG, which note that repeat MRIs are indicated only if there has been progression of neurological deficit. The records in this case do not document such progression of neurological deficit. The rationale for the requested study is not apparent. The request for an MRI study of the lumbar spine is not medically necessary and appropriate.

**The CRP testing and complete blood count testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, Specific Drug List and Adverse Effects Page(s).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on NSAIDS states that routine suggested monitoring be accompanied by a period lab monitoring of a CBC and chemistry profile. This guideline is common to many medications used on a long-term basis. While this guideline would include a complete blood count/platelets, a CRP or C-reactive protein is indicated to assess for the presence of inflammation or potentially for some chronic diseases such as possibly cardiac risks. The guidelines and medical records do not support an apparent indication or rationale for this study. The request for the CRP and CBC testing is not medically necessary and appropriate.