

<b>Case Number:</b>	CM13-0028399		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/12/2004
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 52 year old female with a work injury dated 1/12/04. Her diagnoses include 1. Status post anterior-posterior lumbar fusion at L4-L5 and LS-S1 2. Status post bone stimulator removal on 02/25/2011. 3. Herniated nucleus pulposus (HNP), of the lumbar spine. 4. Lumbar radiculopathy. 5. L3-L4 left neural foraminal narrowing. 6. L3-L4 HNP. 7. Neck pain (not claimed). There is a request for a bone scan for the lumbar spine as well as a repeat lumbar epidural steroid injection at L3-4 (per documentation this would be both diagnostic and therapeutic). There is a 10/22/13 primary treating physician progress report which states that the patient had a transforaminal epidural steroid Injection on 08/02/2013. She has completed 16 visits of physical therapy that increased her pain. She denies chiropractic therapy. She reports 18 visits of acupuncture therapy, which helped to decrease her pain. The patient continues to have pain management. The patient reports that she last worked on 01/12/2004. The patient reports her low back pain at a 10/10 on the pain scale. She notes increased pain since her last visit. She is also complaining of radiation of pain, numbness, and tingling in her extremities going to her feet, left side is much worse than the right. She continues to have urinary incontinence since 2011. This is unchanged at this time. She did see an urologist who felt that it was related to her back. On physical exam, the patient is in no acute distress. Her gait is antalgic with the use of a cane. She has an abnormal heel-toe walk. There is tenderness to palpation of thoracic and lumbar paraspinals. The lumbar incision site is clean, dry and intact with no signs of infection or surrounding erythema. Range of motion of thoracic and lumbar spine is decreased in all planes. There is decreased sensation in the left L3, L4, L5 and S1 dermatomes. Motor exam is limited by pain, but with encroachment is 4/5 left tibialis anterior. 4-/5 left extensor hallucis longus (EHL). 4/5 left inversion, plantar flexion, and eversion. 4+/5 right tibialis anterior, EHL inversion,

plantar flexion, and eversion. Straight leg raise is positive on the left at 30- causing pain to the toes. Slump test is positive bilaterally. Lasegue's test is positive on the left. The provider reviewed the seven-view x-rays of lumbar spine films taken in the office on 06/25/2013. Upon review of films, there are halos around bilateral L4 screws. The treatment plan includes continue with a home exercise program, a request for a bone scan to rule out pseudarthrosis given her halos on x-rays, a request for authorization for transforaminal epidural steroid injection to the left L4 and L5 nerve roots, and the patient is to continue receiving pain management. On May 3, 2013, the patient underwent an EMG/NCV of the bilateral lower extremities. The impression includes the following: 1. Abnormal study. 2. Abnormal findings in the bilateral mid and lower paraspinal muscles on needle EMG likely due to previous lumbar surgery. 3. There is no electrodiagnostic evidence of lumbar radiculopathy or generalized peripheral neuropathy. A prior peer review on September 18, 2013 denied the requests for bone scan of the lumbar spine and lumbar epidural steroid injection L3-L4. There was no evidence of decreased pain levels or functional improvement from prior injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BONE SCAN OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

**Decision rationale:** A bone scan lumbar spine is not medically necessary per the ODG and MTUS guidelines. The ODG states that this is not recommended, except for bone infection, cancer, or arthritis. The ACOEM states that a bone scan can be considered if there is no improvement in lumbar spine pain however there is limited research-based evidence for this (at least one adequate scientific study of patients with low back complaints). The documentation indicates that the bone scan was to be done to evaluate for pseudoarthritis. There was no documentation submitted stating that this was to be done for evaluation of possible cancer infection or arthritis. The request for a bone scan-lumbar is not medically necessary.

#### **LUMBAR EPIDURAL STEROID INJECTION, L3, L4: 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 INJECTINS Page(s): 45.

**Decision rationale:** A lumbar epidural steroid injection L3-4 is not medically necessary per the MTUS guidelines. The documentation submitted does not reveal that the patient has had continued objective documented pain and functional improvement, including at least 50% pain

relief with associated reduction of medication use for six to eight weeks from the prior injection, therefore the request for another lumbar epidural steroid injection L3-4 is not medically necessary.