

<b>Case Number:</b>	CM13-0057700		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Illinois. 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 60-year-old female who reported an injury on 07/31/2007. The injured worker underwent an MRI of the lumbar spine on 11/01/2011 and on 11/07/2012. Additionally, she underwent a CT of the lumbar spine on 09/20/2010. The injured worker underwent a prior epidural steroid injection. The mechanism of injury was the injured worker was drawing blood from a teenager and the teenager pulled her arm away and stood up. The injured worker leaned on the counter trying to keep the teenager from moving away as the needle was still in her arm. The injured worker indicated the patient called for help and a coworker came and, instead of going out to the teenager, the coworker pulled the injured worker's right leg. The MRI of 11/07/2012 revealed there was left facet hypertrophy at L4-5 producing left neural foraminal narrowing and enhancing scar tissue within the anterior epidural space at L4-5, which abutted the thecal sac. The injured worker's diagnoses were spondylolisthesis of the lumbar region and lumbar radiculopathy. The physical examination revealed tenderness and pain along with decreased range of motion. Neurologically, it was indicated the injured worker had weakness in the right lower extremity and a sensory deficit that was diminished in the right lower extremity. It was further indicated the injured worker had an abnormal straight leg raise on the right side. The treatment plan was an epidural steroid injection and a lumbar MRI with contrast, as well as a CT myelogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, section on MRI.

**Decision rationale:** The Official Disability Guidelines recommend a repeat MRI for patients who have a significant change in symptoms or for patients who have findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had decreased sensation, a sensory deficit and weakness, as well as, an abnormal straight leg raise. There was a lack of documentation for a repeat study. The clinical documentation submitted for review indicated the injured worker needed to have a repeat lumbar MRI prior to an evaluation by a spine surgeon. However, there was a lack of documentation indicating the injured worker had a significant change in symptoms and/or findings suggestive of a significant pathology. As the patient had not been evaluated by the spine surgeon, the need was not substantiated. Given the above, the request for an MRI of the lumbar spine is not medically necessary.

**CT MYELOGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, section on Myelography.

**Decision rationale:** The Official Disability Guidelines do not recommend myelography except when MR imaging cannot be performed or in addition to an MRI. Official Disability Guideline criteria indicate that a CT myelogram is appropriate for surgical planning, especially in regard to the nerve roots. A myelogram can show whether surgical treatment is promising in a given case. The clinical documentation submitted for review indicated the injured worker needed to have a CT myelogram prior to an evaluation by a spine surgeon. As the patient had not been evaluated by the spine surgeon, the need was not substantiated. Given the above, the request for a CT myelogram is not medically necessary.

**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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend for repeat Epidural steroid injection there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The physical examination, while indicating the injured worker had decreased strength and decreased sensation, failed to identify specific myotomes or dermatomes. There was a lack of documentation indicating the injured worker's response to the prior injection. The request as submitted failed to indicate laterality and level for the epidural steroid injection. Also, the request is for a repeat epidural steroid injection; however, the patient's response to this injection was not provided to support a repeat injection. Given the above, the request for an epidural steroid injection is not medically necessary and appropriate.