

<b>Case Number:</b>	CM13-0057946		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 44-year-old female who has an 8/1/2012 industrial injury claim. According to the 11/12/13 report from [REDACTED], the patient presents early for follow-up for neck and back pain because she ran out of medications. The explanation was that she was having increased pain prior to her cervical epidural injection and was taking extra doses. She was taking Norco 10/325 tid; Klonopin 2mg 2 at night; tizanidine 2mg bid. The treatment plan was to request a thoracic spine imaging, and a lumbar ESI (epidural steroid injection), hopefully, the next statement was a typographical error and the physician intended to inform the patient that she must take the medicines as prescribed, and the last item was to order a UDT (Urine drug testing).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A lumbar ESI L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** On 11/12/13, the patient presents with neck and back pain. There are no subjective complaints of radiating pain, and there are no physical examination findings for the lumbar spine suggesting current radiculopathy. The prior report is dated 10/22/13 and exam is limited to the cervical spine. The 10/14/13 supplemental orthopedic QME (Qualified medical evaluator) report from [REDACTED] states the 5/30/13 electrodiagnostic report was available, showing normal EMG (Electromyography) and NCS (Nerve conduction study) of the lower extremities. The 1/16/13 lumbar MRI (magnetic resonance imaging) shows no canal stenosis or neural foraminal narrowing or abnormality with transverse or exiting nerve roots at the L4/5 level. According to MTUS guidelines, the first criteria for an ESI (epidural steroid injection) is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, there are no physical exam findings of radiculopathy documented, and MRI does not show nerve root compression at L4/5 and the electrodiagnostic studies were negative. The MTUS criteria for a L4/5 epidural steroid injection has not been met.

**MRI of the Thoracic spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The patient presents with neck and back pain. There are no examination findings in the thoracic region other than at the thoracolumbar junction tenderness. There are no red-flags, no evidence of neurological dysfunction, or tissue insult, and no indication that the imaging study will change the treatment plan and there is no mention of thoracic surgery. The request for the thoracic MRI (magnetic resonance imaging) does not appear to be in accordance with ACOEM guidelines. As such, the request is not certified.