

<b>Case Number:</b>	CM13-0058347		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/31/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, 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 patient is a 42-year-old who was injured in a work related accident on March 8, 2013. Clinical records for review indicate an injury to both the neck and the low back. Lumbar MRI report of May 28, 2013 show an L4-5 disc protrusion resulting in moderate stenosis and facet changes at the L3-4 level. The patient's most recent clinical assessment for review dated October 23, 2013 with [REDACTED] indicated ongoing complaints of pain about the low back with intermittent left leg pain, axial in nature primarily. There were also complaints of persistent neck pain with stiffness. Physical examination findings showed the lumbar examination to be with positive left sided straight leg raise with 5/5 motor tone. The neck examination was with cervical spasm and marked tenderness over the elbow with range of motion but no documented neurologic deficit. At that time, the patient was to continue with formal physical therapy, medication management including cyclobenzaprine, gabapentin and nabumetone. There is currently a request for a cervical MRI scan as well as epidural steroid injection

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN EPIDURAL STEROID INJECTION (ESI) UNDER FLUOROSCOPIC GUIDANCE, INTERLAMINAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section, Epidural Steroid Injections (ESIs) Page(s): as well as the Non-MTUS Official Disability Guidelines, Low Back Chapter.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the role of an epidural injection in this case would not be indicated. The patient's current clinical picture does not support a radicular process to the lower extremities based on negative recent examination findings. While the patient continues to be with primarily "axial" complaints, as stated at his last assessment, the lack of clinical correlation between physical examination findings and compressive pathology on imaging or electro-diagnostic studies would fail to necessitate epidural injection at present. The request for an ESI under fluoroscopic guidance, interlaminar, is not medically necessary or appropriate

**A CERVICAL MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Acute and Chronic Neck and Upper Back Injury Chapter, Procedures Summary - MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8)Page(s): 165 and 177 - 178.

**Decision rationale:** According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, cervical MRI scan also would not be indicated. While the patient is with neck stiffness, there is no documentation of a neurologic process to the upper extremities to indicate the acute need of cervical imaging. Guideline criteria indicate that demonstrated evidence of a radicular process on examination would be sufficient evidence to warrant imaging. The request for a cervical MRI is not medically necessary or appropriate.