

<b>Case Number:</b>	CM13-0061908		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/10/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 patient is a 64-year-old female who reported an injury on 06/16/2005 after moving boxes. The patient reportedly sustained injury to her back and bilateral knees. The patient's treatment history included replacement of the bilateral knees and cervical spinal fusion. The patient's most recent clinical documentation submitted for review is dated 06/17/2013. An evaluation of the lumbar spine determined that there was tenderness to palpation along the bilateral paraspinal musculature; tenderness to palpation over the sciatic notches. It was also documented that there was palpation elicited pain over the L4 to the S1 spinous process. The patient's diagnoses included 3-level anterior cruciate decompression and fusion of the cervical spine, lumbar spine discopathy, left lower extremity radiculitis, status post right total knee and left total knee arthroplasty, right shoulder impingement syndrome, sleep disorder, and psychiatric disturbances. A treatment recommendation was made for an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L3-4 TRANSFORAMINAL ESI QTY: 1.00:** Upheld

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

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

**Decision rationale:** The requested left L3-4 transforaminal epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends transforaminal epidural steroid injections for patients who have physical findings of radiculopathy that are supported by an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence the patient has recently undergone any physical therapy. Additionally, the patient's most recent clinical documentation from 06/2013 does not provide any documentation of specific radicular findings in the L3-4 distribution. The clinical documentation submitted for review does not provide any imaging study to support radicular complaints. As such, the requested left L3-4 transforaminal epidural steroid injection is not medically necessary or appropriate.

**MYELOGRAPHY LUMBAR RADIOLOGICAL SUPERVISION AND INTERPRETATION QTY: 1.00: Upheld**

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

**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, Myelography

**Decision rationale:** The requested myelography lumbar radiological supervision and interpretation is not medically necessary or appropriate. California Medical Treatment Utilization Guidelines and American College of Occupational and Environmental Medicine do not address myelography. Official Disability Guidelines recommend computed tomographic myelography for patients who have contraindications for MRIs. The clinical documentation submitted for review does not provide any evidence that an MRI is contraindicated for this patient. Although the patient has had multiple surgical interventions that include hardware implantation, there is no documentation that any of that hardware is metal in nature and cannot withstand an MRI. Therefore, the myelography lumbar radiological supervision and interpretation is not medically necessary or appropriate.

**INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY SPINE INJECTION QTY: 1.00: Upheld**

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

**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, Myelography

**Decision rationale:** The requested injection procedure for myelography and/or computed tomography spine injection is not medically necessary or appropriate. California Medical Treatment Utilization Guidelines and American College of Occupational and Environmental

Medicine do not address myelography. Therefore Official Disability Guidelines were used. Official Disability Guidelines recommend computed tomographic myelography for patients who have contraindications for MRIs. The clinical documentation submitted for review does not provide any evidence that an MRI is contraindicated for this patient. Although the patient has had multiple surgical interventions that include hardware implantation, there is no documentation that any of that hardware is metal in nature and cannot withstand an MRI. Therefore, the injection procedure for myelography and/or computed tomography spine injection is not medically necessary or appropriate.