

<b>Case Number:</b>	CM14-0002020		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Minnesota. 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 43-year-old female who reported an injury on 11/28/12. The mechanism of injury was not provided in the medical records. The injured worker's current diagnosis is unspecified lumbosacral neuritis. The injured worker had a transforaminal lumbar interbody fusion at L5-S1 on 8/28/13. The injured worker had a CT scan of the lumbar spine on 11/19/13, read by [REDACTED]. The physician reported there was no evidence for a vertebral body fracture or scoliosis. The L5-S1 disc level demonstrates bilateral transpedicular screws with vertical uniting rod connectors, without evidence for periprosthetic osteolysis, periprosthetic fracture, hardware compromise, hardware loosening, or subsidence. A disc spacer was noted ventrally to the left, descending the anterior longitudinal ligament. The osseous matrix was identified about the disc spacer within the disc space. Osseo matrix was identified along the right posterior elements extending to the right sacral where an apparent right sacral alar fracture was observed. The spinal canal and neural foramen were patent at this top level and grade 1 anterolisthesis was seen. The lumbar disc levels are all unremarkable. A vacuum phenomenon was again observed involving the bilateral sacroiliac joints. The clinical note dated 1/10/14 noted that the injured worker was seen for a follow-up evaluation. The injured worker continued to have pain in the lumbar spine and down the left lower extremity. The injured worker rated her pain symptoms between 7-8/10. The injured worker's current medications include Ambien CR 12.5mg, Norco 10/325mg, and baclofen 10mg. The physician's treatment plan included recommending the injured worker for an MRI of the lumbar spine, a pain management consult, lumbar epidural injection, and ongoing pain management care for medication management. The physician noted that the injured worker would continue her current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical information provided failed to indicate why the injured worker was being sent for a pain management consult. The information provided for review failed to indicate what prior methods of conservative care had been attempted and not successful to support the necessity of a pain management consultation. As such, the request is not medically necessary.

**LEFT SIDED L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EPIDURAL STEROID INJECTIONS (ESIs),

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

**Decision rationale:** The California MTUS Guidelines only recommend an epidural steroid injection when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies; the injured worker must also be initially unresponsive to conservative treatment. The guidelines also indicate that during the therapeutic phase, repeated blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with a general recommendations of no more than 4 blocks per region per year. The documentation provided did not have physical examination findings of radiculopathy and there were no imaging studies that corroborated the finding. In addition, the documentation failed to indicate that the injured worker had failed conservative treatment. As such, the request is not medically necessary.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient

evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation provided indicated that a CT scan was completed on 11/19/13 and there were no red flags or significant change in condition that would support the necessity of the requested MRI. As such, the request is not medically necessary.