

<b>Case Number:</b>	CM14-0124982		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Nevada. 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 records, presented for review indicate that this 51-year-old individual was reportedly injured on 3/23/2010. The mechanism of injury was not listed. The most recent progress note, dated 7/18/2014, indicated that there were ongoing complaints of low back pain that radiated in the left lower extremity. The physical examination demonstrated an antalgic gait, burning pain in the left lower extremity and L5 distribution. Weakness in the left lower leg was slightly worse compared to this previous visit. Now it is rated 4/5 to 4-/5. There was also positive straight leg raise. No right-sided motor or sensory deficits. Positive midline distal and left sided lumbar pain was with reduction range of motion. Diagnostic imaging studies included X-rays of the lumbar spine, which revealed robust appearing interbody and posterior lateral fusion at L4-L5 and degeneration at L5-S1. CT scan of the lumbar spine, dated 4/1/2014, showed fairly significant left-sided foraminal narrowing at L5-S1. Previous treatment included lumbar surgery, epidural steroid injections, physical therapy, acupuncture, and medications. A request had been made for MRI of the lumbar spine and epidural steroid injection of the lumbar spine at level L5-S1 on the left side and was found to be not medically necessary in the pre-authorization process on 7/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection left L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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

**Decision rationale:** MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of significant benefit from previous epidural steroid injections performed October 2013. As such, the requested procedure is deemed not medically necessary.

**MRI of the lumbar spine 1.5 T-scan:** Upheld

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

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

**Decision rationale:** ACOEM treatment guidelines support an MRI of the lumbar spine for sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks and not improving, if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms nerve root compression. Review of the available medical records included a CT scan of the lumbar spine dated 4/1/2014. The ACOEM does not address repeat MRIs. ODG will support a repeat MRI for a significant change in symptoms and/or findings suggestive of significant pathology. The guidelines require plain radiographs before an MRI may be requested. Due to the lack of documentation of significant neurological changes in the patient's physical exam findings post-surgically, this request is not considered medically necessary.