

<b>Case Number:</b>	CM14-0128896		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 40-year-old female was reportedly injured on June 1, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of cervical spine pain. The physical examination demonstrated decreased sensation in the right arm. Diagnostic imaging of the lumbar spine dated February 26, 2013, revealed a disc protrusion at L3 - L4 abutting the exiting left sided L3 nerve root as well as a 2 mm midline disc protrusion at the same level. Previous treatment includes chiropractic care, physical therapy, acupuncture, a home exercise program, and the use of-based inferential stimulator unit. A request had been made for an open MRI of the lumbar spine and a pain management consultation in consideration of a lumbar spine transforaminal epidural steroid injection and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter - MRI.

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

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, a repeat MRI of the cervical spine is not indicated unless there is a significant change of signs and symptoms. The most recent progress note dated July 15, 2014, does not note any abnormal neurological findings in the lower extremity. Additionally, the injured employee has previously had an MRI just one year ago. For these reasons, this request for an open MRI of the lumbar spine is not medically necessary.

**Pain management in consideration of lumbar spine TFESI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations regarding referrals Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A review of the available medical record indicates that there are no abnormal neurological findings of the lower extremities. Considering this, this request for a pain management consult and consideration for a lumbar spine transforaminal epidural steroid injection is not medically necessary.