MAXIMUS Federal Services

| Case Number: | CM14-0150541 | | |
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| Date Assigned: | 09/18/2014 | Date of Injury: | 12/01/2011 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

## 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 General Surgery and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 12/01/2011. The mechanism of injury was not provided. On 02/13/2014, the injured worker presented with back pain. Upon examination of the lumbar spine, there was diffuse tenderness to palpation over the lumbar paraspinous muscles and moderate tenderness to palpation noted along the L4-S1 levels. There was a positive right sided straight leg raise and there was decreased sensation bilaterally at L5-S1 dermatomes. The diagnoses were lumbar spine disc disease, lumbar spine radiculopathy, and lumbar facet syndrome. Prior therapy included medications and physical therapy. The provider recommended a MRI of the cervical spine and lumbar epidural steroid injection; the provider's rationale was not provided. The Request for Authorization form was included in the medical documents for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improved quickly provided any red flag conditions are ruled out. Criteria for ordering an imaging study include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to invasive procedure. There is lack of documentation upon physical examination of deficits related to the cervical spine that needed to be addressed. Additionally, there is lack of documentation that the injured worker had failed the prior course of initially recommended conservative care treatment. As such, medical necessity has not been established.

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The request for lumbar epidural steroid injection is not medically necessary. According to The California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment and injections should be performed with the use of fluoroscopy for guidance. No more than two nerve root levels should be injected using transforaminal blocks. The documentation submitted for review noted a positive right sided straight leg raise. There was diffuse tenderness to palpation over the lumbar paraspinous muscles and over the L4-S1 levels. There was decreased sensation noted bilaterally to the L5 and S1 dermatomes and 4/5 strength to the right L5 dermatomes and all lower extremity muscles tested were 5/5. There is lack of documentation of MRI and/or electrodiagnostic testing corroborated with physical exam findings of radiculopathy. Additionally, documentation fails to show the injured worker would be participating in an active treatment program following the requested injection. There is a lack of documentation that the injured worker had failed initially recommended conservative treatment to include medications and physical therapy. The request failed to specify the level or levels being requested and the use of fluoroscopy for guidance in the request as submitted. As such, medical necessity has not been established.