

<b>Case Number:</b>	CM14-0153301		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery in 2010; epidural steroid injection therapy; and physical therapy. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for a lumbar MRI, invoking non-MTUS ODG Guidelines, despite the fact that the MTUS addresses the topic. The claims administrator also denied a request for a selective nerve root block/epidural steroid injection, stating that the applicant had had previous epidural injections without relief. The applicant's attorney subsequently appealed. In an August 20, 2014 progress note, the applicant reported heightened complaints of low back pain radiating into the leg. Straight leg raising was slightly positive with reportedly intact reflexes. The applicant reportedly had degenerative changes noted on x-rays of the lumbar spine at L4-L5 and L5-S1 with evidence of the earlier laminectomy surgery. The attending provider stated that he was concerned about residual spinal stenosis and/or residual disk herniation. Lumbar MRI imaging and a selective nerve root block were sought. The applicant's work status was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine with and without contrast (Gadollnium):** Overturned

**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 (updated 8/22/14) - Magnetic resonance Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-4, page 397, MRI imaging with gadolinium contrast positive for scarring is the diagnostic test of choice for post laminectomy syndrome, the diagnosis reportedly present here. The attending provider stated that he suspected either a recurrent disk herniation or aggravated spinal stenosis as the source of the applicant's complaints. ACOEM Chapter 12, Table 12-4, page 297 also notes that an MRI positive for stenosis is the diagnostic study of choice for spinal stenosis, another diagnosis reportedly suspected here. The applicant has worsening lumbar radicular complaints; it was suggested on the August 25, 2014 office visit. MRI imaging to delineate the presence of a lesion amenable to surgical correction is therefore indicated. Accordingly, the request is medically necessary.

**Selective nerve block right side L4-5 and L5-S1 under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The request in question represents a repeat selective nerve root block/epidural steroid injection, per the claims administrator. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be based on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant's work status was not been clearly stated. The applicant's response to the earlier selective nerve root blocks appears to be unsuccessful, given the fact that the attending provider is intent on pursuing lumbar MRI imaging to establish the need for further lumbar spine surgery. Therefore, the request is not medically necessary.