

<b>Case Number:</b>	CM14-0021269		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 patient is a 39-year-old male who has submitted a claim for chronic pain due to trauma, lumbar postlaminectomy syndrome, meralgia paresthetica, pelvic region and thigh joint pain, adjustment disorder with depressed mood, morbid obesity, dietary surveillance and counseling, and personal history of tobacco use associated with an industrial injury date of January 22, 2010. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 6-9/10 in severity. The right side was more painful than the left. The pain radiates to the right lower extremity and was aching in character. It was aggravated by coughing and sneezing. There was back stiffness without spasms. There was also numbness and sensitivity over the lateral aspect of the right thigh extending from the iliac crest to the knee over the lateral aspect. Numbness was also noted on his right foot. Physical examination showed scar of the previous lumbar surgery. Straight leg raise test was positive on the right. There was noted mid and lower lumbar facet tenderness, right more than the left. Facet loading test was positive on the right side. There was restricted range of motion on the right side of the lumbar spine due to pain. Decreased sensation was noted over the distribution of lateral femoral cutaneous nerve on the right and there was slight altered sensation over the dorsum of the right foot. Motor strength was intact. MRI of the lumbar spine, dated February 13, 2012, revealed multilevel arthritis with secondary central spinal stenosis (narrowing) at L2-L3 along with marked right-sided neural foraminal narrowing, and mild neural foraminal narrowing at L1-L2, L3-L4, and L4-L5. Treatment to date has included medications, physical therapy, pool therapy, activity modification, carpal tunnel release, epidural steroid injections, intra-articular facet joint injections, and lumbar fusion surgery. Utilization review, dated February 6, 2014, denied the request for right L2 selective nerve block under fluoroscopy because there were no objective findings of lumbar radiculopathy, no imaging studies documenting neural compression, and previous epidural steroid injections

have no documentation as to their benefit. The request for MRI lumbosacral spine with contrast was denied as well because there were no acute changes in neurologic function or progression of neurologic deficit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT L-2 SELECTIVE NERVE BLOCK UNDER FLUOROSCOPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation EPIDURAL STEROID INJECTIONS (ESIs), OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks.. Repeat 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 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent low back pain with right lower extremity radiculopathy. MRI of the lumbar spine, dated February 13, 2012, revealed central spinal stenosis (narrowing) at L2-L3 along with marked right-sided neural foraminal narrowing, and mild neural foraminal narrowing at L1-L2, L3-L4, and L4-L5. The patient has had 4 or 5 epidural steroid injections in the past. However, objective evidence of percent pain relief and duration was not documented. Furthermore, there was failure to exhibit any evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. Furthermore, there is no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request for right L-2 selective nerve block under fluoroscopy is not medically necessary.

#### **MRI OF THE LUMBOSACRAL SPINE WITH CONTRAST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Magnetic resonance imaging (MRI).

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the rationale for the request was not provided. The MRI of the lumbar spine dated February 13, 2012 revealed multilevel arthritis with secondary central spinal stenosis (narrowing) at L2-L3 along with marked right-sided neural foraminal narrowing, and mild neural foraminal narrowing at L1-L2, L3-L4, and L4-L5. In the recent clinical evaluation, the patient still complains of low back pain and right lower extremity radiculopathy. There is evidence of nerve compromise for the lumbar spine. Recent progress report, dated April 2, 2014 stated that there is increased pain since last visit and the functionality is worse. However, there is no documentation of new injury or trauma, and there is no worsening of objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy. The recent progress report states that the patient's medication intake has decreased. Therefore, request for MRI of the lumbosacral spine with contrast is not medically necessary.