

<b>Case Number:</b>	CM14-0027435		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/10/2004
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Orthopedic Spine 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 57-year-old female who reported an injury on 08/02/2004 due to an unknown mechanism of injury. The injured worker's treatment history included physical therapy and medications. The injured worker underwent a cervical MRI that documented there was mild degenerative changes with a moderate foraminal narrowing at C7-T1. The injured worker was evaluated on 01/20/2014. Physical findings included tenderness to palpation of the lumbosacral musculature with decreased range of motion secondary to pain and a positive straight leg raising test bilaterally at 20 degrees. Evaluation of the cervical spine documented decreased range of motion secondary to pain with a positive Spurling's test bilaterally. A request was made for a cervical epidural steroid injection, and an L4-5 and L5-S1 microdiscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L4-5, L5-S1 MICRODISCECTOMY WITH UNKNOWN LENGTH OF STAY:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Hospital Length of stay.

**Decision rationale:** The requested right L4-5 and L5-S1 microdiscectomy with unknown length of stay is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends decompression for patients who have physical findings of radiculopathy correlative with a dermatomal distribution and supported by pathology identified on an imaging study. The clinical documentation submitted for review does not indicate that the injured worker has any specific radicular findings in a dermatomal distribution. Additionally, although it is noted that the injured worker underwent an MRI of the lumbar spine, an independent report of this diagnostic study was not provided for review. Therefore, the need for surgical intervention cannot be assessed at this time. Additionally, the request includes an unknown length of stay. The California Medical Treatment Utilization Schedule does not specifically address hospital length of stay. The Official Disability Guidelines recommend this surgical intervention on an ambulatory outpatient basis. However, as the requested surgical intervention is not supported by the documentation or physical examination findings, a hospital stay would also not be indicated.

**CERVICAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The requested cervical epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends an epidural steroid injection for patients who have radicular symptoms supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has a positive Spurling's sign. However, there are no specific radicular symptoms in a dermatomal or myotomal distribution. Furthermore, the request as it is submitted does not specifically identify a laterality or level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cervical epidural steroid injection is not medically necessary or appropriate.

**PAIN MANAGEMENT CONSULT REGARDING POSSIBLE CERVICAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127.

**Decision rationale:** The requested pain management consultation regarding a possible cervical epidural steroid injection is not medically necessary or appropriate. The American College of

Occupational and Environmental Medicine recommend specialty consultations for patients who have complicated diagnoses that would benefit from additional expertise in treatment planning. The clinical documentation submitted for review does not indicate that the patient is a candidate for an epidural steroid injection. Therefore, a pain management consultation would also not be indicated. As there is no other justification for a pain management consultation other than consideration of a cervical epidural steroid injection, the request would not be supported in this clinical situation. As such, the requested pain management consult regarding possible cervical epidural steroid injection is not medically necessary or appropriate.