

<b>Case Number:</b>	CM14-0076179		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Internal 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:

This patient is an injured worker with lumbar complaints, and a date of injury of 07-02-2009. Progress report dated 02-25-2014 documented subjective complaints of low back pain, meds and Transcutaneous Electrical Nerve Stimulation (TENS) treatment help with pain. Objective findings were mental status alert and oriented, skin clean dry intact, tenderness, decreased range of motion, antalgic gait, blood pressure 131/78, pulse 78. Diagnoses were back pain lower, lumbosacral spine spondylolisthesis, disc herniation, radiculopathy. Treatment plan included Lidopro ointment, TENS, Butrans, Cymbalta, discontinuation of Norco. Request for authorization (RFA) dated 02-25-2014 requested (1) referral to a spine specialist for epidural injection to L5-S1 lumbar spine, and (2) MRI of the lumbar spine. Supplemental report 05-19-2014 documented that the patient may suffer from lower extremity radiculopathy. Patient complains of constant lumbar pain radiating to his lower extremity. Patient had conservative care including chiropractic treatment and medication. Pain has persisted for more than four weeks. Utilization review decision date was 05-14-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Progress report dated 02-25-2014 documented subjective complaints of low back pain. Objective findings were tenderness, decreased range of motion, antalgic gait. Diagnoses were back pain lower, lumbosacral spine spondylolisthesis, disc herniation, radiculopathy. No other medical records were available for review. No past imaging studies were presented for review. No plain film radiograph results were documented. No evidence of cauda equina, tumor, infection, or fracture was documented. Per MTUS & ACOEM guidelines, the available medical records do not support the medical necessity of MRI of the lumbar spine. The request is not medically necessary and appropriate.

**Referral to spine specialist for Epidural injection to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Medical treatment utilization schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Progress report dated 02-25-2014 documented subjective complaints of low back pain. Objective findings were tenderness, decreased range of motion, antalgic gait. Diagnoses were back pain lower, lumbosacral spine spondylolisthesis, disc herniation, radiculopathy. No other medical records were available for review. No past imaging studies were presented for review. No plain film radiograph results were documented. Per MTUS & ACOEM guidelines, the available medical records do not support the medical necessity of epidural injection to the lumbosacral spine. Therefore, the request for Referral to spine specialist for Epidural injection to lumbar spine is not medically necessary and appropriate.

