

<b>Case Number:</b>	CM14-0188068		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 is a patient with a date of injury of April 23, 2012. A utilization review determination dated October 14, 2014 recommends noncertification for an MRI of the cervical spine and bilateral L4-5 and L5-S1 transforaminal epidural steroid injections X2. Certification was recommended for a pain management consultation. The review indicates that the patient has previously undergone bilateral L4-5 and L5-S1 transforaminal epidural steroid injections on January 23, 2014, April 17, 2013, and September 26, 2013. The patient has previously undergone an MRI of the cervical spine on October 28, 2013. A progress report dated November 7, 2014 identifies subjective complaints of low back pain with lower extremity radiculitis in an L5-S1 and L4-5 distribution pattern. The patient also complains of neck pain and upper extremity pain. Physical examination reveals "no new focal dermatomal or myotomal deficits." The patient continues to have tenderness in the paracervical and para lumbar region. Spurling's test reproduces proximal upper extremity pain. The patient also has positive Hawkins and O'Brien's test for the right shoulder. Diagnoses include cervical pain and upper extremity pain, lower back pain and lower extremity pain, mechanical low back pain, and right shoulder pain with evidence of tendinosis of the rotator cuff. The treatment plan recommended bilateral L4-5 and L5-S1 transforaminal epidural steroid injections for diagnostic and possibly therapeutic purposes. The note indicates that the patient's neurologic deficits are still present and conflicting with the quality of life. A progress report dated September 4, 2014 states that Spurling's sign is equivocal bilaterally with no specific new focal neurologic deficits. The treatment plan requests an "updated MRI scan of the cervical spine." An MRI of the lumbar spine dated August 26, 2014 shows moderate bilateral foraminal stenosis at L4-L5 and L5-S1. A report dated June 16, 2014 indicates that an MRI of the cervical spine was performed on November 14, 2012. A report dated May 8, 2014 indicates that the

patient has previously undergone physical therapy and bilateral L4-5 and L5-S1 transforaminal epidural steroid injections.

### **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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no recent documentation of neurologic deficit in the upper extremities. Finally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.

**Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection, times two:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural

injections. Additionally, guidelines do not support a series of 2 injections as is being requested here. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.