

<b>Case Number:</b>	CM14-0200858		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 low back pain reportedly associated with an industrial injury of February 18, 2014. In a Utilization Review Report dated October 31, 2014, the claims administrator denied lumbar epidural steroid injection and ultrasound that he sought via an RFA form dated October 14, 2014. The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was off of work, on total temporary disability. The applicant was currently receiving acupuncture, it was acknowledged. Radiation of low back pain to the right leg and numbness about the legs were appreciated in a separate section of the note. The attending provider acknowledged that earlier electrodiagnostic testing of August 8, 2014 was within normal limits. Epidural steroid injection therapy was sought while the applicant was placed off of work. The attending provider alluded to the applicant's having had earlier lumbar MRI imaging on May 14, 2014, demonstrating 2 to 3 mm disk protrusions/herniations at L4-L5 and L5-S1. On October 14, 2014, the applicant reported persistent complaints of low back pain radiating to the right lower extremity. The applicant was on tramadol, Mobic, and gemfibrozil, it was acknowledged. The applicant exhibited painful heel and ambulation in the clinic setting. Morbid lower extremity strength was noted with hypoesthesias noted about the right L4-L5 dermatome. The attending provider referenced an August 8, 2014, electrodiagnostic testing which was interpreted as normal and lumbar MRI imaging of May 14, 2014, which was notable for a 2 to 3 mm disk bulge at L5-S1 with contact upon the right S1 nerve root. The attending provider also referenced a 2 to 3 mm disk bulge at L4-L5 which was apparently touching the thecal sac. Epidural steroid injection therapy was sought along with a diagnostic ultrasound of the lumbar spine. The attending provider stated that the applicant had a palpable nodule in the lumbar region above the posterior superior iliac crest.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI at L4-L5 and L5-S1 bilaterally:** Overturned

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, it does appear that there is radiographic corroboration of radiculopathy at the levels in question. The applicant has a disk protrusion with associated nerve root displacement at the L5-S1 level and disk protrusion with associated thecal sac indentation at the L4-L5 level. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, supports the two diagnostic blocks. The request in question does seemingly represent a first time epidural injection. The applicant has seemingly tried and failed less invasive options, including time, medications, physical therapy, manual therapy, acupuncture, etc. The applicant is off of work. Moving forward with a first time epidural injection at the levels in question is, thus, indicated here. Therefore, the request is medically necessary.

**Ultrasound study to diagnose painful mass in lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic of diagnostic ultrasound testing for the lumbar spine. However, the Third Edition ACOEM Guidelines note that diagnostic ultrasound is "not recommended" for diagnosing low back pain. The attending provider, furthermore, did not clearly describe the alleged lumbar mass and/or why he believed that ultrasound testing would be an appropriate modality for diagnosing the same, particularly in light of the unfavorable ACOEM position on usage of diagnostic ultrasound testing for low back pain issues, as are/were present here. The attending provider did not clearly state why diagnostic testing would be preferable to already-performed lumbar MRI imaging here, again in the face of the unfavorable ACOEM position on diagnostic ultrasound testing for the lumbar spine. Therefore, the request is not medically necessary.