

<b>Case Number:</b>	CM14-0216638		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old female who reported an injury on 05/10/2012. The mechanism of injury was not provided. On 11/21/2014, the injured worker presented with right thigh and low backache. On examination, no change in range of motion of the neck, back, or in the right L5 radiculopathy and moderate spasm in the lumbar spine noted. Provider's treatment plan included a lumbosacral orthosis, a CAT scan with myelogram of the lumbar spine, and a lumbar epidural steroid injection. The provider noted that a lumbar orthosis would aid the injured worker in participating in activities of daily living. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbosacral Orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The request for 1 lumbosacral orthosis is not medically necessary. California MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Documentation submitted for review noted that the injured worker had pain, and the provider recommended an orthosis to allow for her to participate in activities of daily living. However, the injured worker is in a chronic phase of injury. A lumbosacral orthosis would not be supported by the referenced guidelines. As such, medical necessity has not been established. Therefore, the requested treatment is not medically necessary.

**1 CAT Scan with Myelogram of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back Chapter, Myelography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for 1 CAT scan with myelogram of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam is sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, if the neurologic exam is less clear physiologic evidence of nerve dysfunction should be obtained prior to ordering an imaging study. Documentation submitted for review failed to show evidence of significant deficits on physical examination. There is no information on if the injured worker had tried and failed an adequate course of conservative treatment. As such, medical necessity has not been established. Therefore, the requested treatment is not medically necessary.

**1 lumbar Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** The request for 1 lumbar epidural steroid injection is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and/or corroborated by imaging and/or electrodiagnostic tests. Documentation should show evidence of the injured worker's failure to respond to initially recommended conservative treatment, and the injection should be performed with the use of fluoroscopy for guidance, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review did not indicate that the

injured worker had completed initially recommended conservative treatment. There were no imaging studies submitted for review. There is no evidence of physical exam findings corroborating with imaging studies of radiculopathy. There is no evidence that the injured worker would be participating in an active treatment program following the requested injection. The provider's request does not indicate the use of fluoroscopy for guidance or the levels of the requested injection in the request as submitted. Based on the above, the request is not medically necessary.