

<b>Case Number:</b>	CM15-0004466		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/21/2004
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 58 year old female, who sustained an industrial injury on 4/21/2004. The current diagnoses are lumbosacral spondylosis without myelopathy, radiculopathy of the lumbar region, and piriformis syndrome. Currently, the injured worker complains of constant low back with radiation into the left lower extremity, 7/10 on a subjective pain scale. The pain is described as sharp, aching, and burning. Current medications are Lyrica, Vicodin, Avinza, Hydrocodone, and Wellbutrin. Treatment to date has included medications and epidural steroid injections x2. According to notes, she received significant benefits from the transforaminal epidural injections in the past. The epidurals were given on 3/8/12 and 3/8/2014. The treating physician is requesting MRI of the lumbar spine and left L4-L5, L5-S1 transforaminal epidural steroid injection under fluoroscopy, which is now under review. On 12/16/2014, Utilization Review had non-certified a request for MRI of the lumbar spine and left L4-L5, L5-S1 transforaminal epidural steroid injection under fluoroscopy. The MRI was non-certified based on the claimant's clinical situation. She is non-surgical; therefore, her situation does not warrant a repeat MRI. The transforaminal epidural steroid injection was non-certified based on discrepancy on what the injured worker is reporting versus the documentation. The California MTUS and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation LOW BACK CHAPTER,MRI

**Decision rationale:** The patient was injured on 04/21/04 and presents with low back pain and leg pain. The request is for a MRI OF THE LUMBAR SPINE to evaluate for a surgical option. There is a 12/08/14 RFA provided and the patient is considered to be permanent and stationary. The utilization review determination letter indicates that the patient has had a prior MRI of the lumbar spine (date of MRI not provided). There was no rationale provided by the utilization review letter. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that, "MRI are tests of choice for patients with prior back surgery, for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or a progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. The 12/08/14 report state that the patient has increased numbness in her left leg with a positive straight leg raise as well as sensory and motor deficit in the L4-5 and L5-S1 distribution. In this case, the patient does have change in examination findings and is being evaluated for surgery. Therefore, the requested MRI of the lumbar spine IS medically necessary.

**Left L4-L5, L5-S1 TFESI under fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient was injured on 04/21/04 and presents with low back pain and leg pain. The request is for a LEFT L4-L5, L5-S1 TFESI UNDER FLUOROSCOPY. There is a 12/08/14 RFA provided and the patient is considered to be permanent and stationary. There was no rationale provided by the utilization review letter. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, 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." The 12/08/14 report state that the patient has increased numbness in her left leg with a positive straight leg raise as well as sensory and motor deficit in the L4-5 and L5-S1 distribution. The patient notes significant improvement in function following TFESI, which resolves her radiculopathy several months to a year a time. Her last TFESIs were on the right side on 9/19/2013 ad bilaterally on 3/1/2012. She hence achieved complete resolution of her radicular pain for over two years on the left side. She was not able to reduce her level of pain medication, as she was using this medication for her back pain, and it has never helped her radicular pain. MTUS requires at least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. Besides the general statement stating that the patient had significant improvement, there is no numerical value provided regarding how much benefit the patient had from the prior ESI. The utilization review determination letter states that the patient had a MRI of the lumbar spine; however, the findings of this MRI were not provided. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Therefore the requested transforaminal lumbar epidural steroid injection IS NOT medically necessary.