

<b>Case Number:</b>	CM15-0204246		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 74-year-old who has filed a claim for chronic neck, low back, knee, and foot pain with derivative complains of anxiety and fibromyalgia reportedly associated with an industrial injury of January 9, 2002. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection, lumbar MRI imaging, and cervical MRI imaging. The claims administrator referenced an August 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 21, 2015, the applicant reported ongoing complaints of neck pain radiating to the bilateral arms. The applicant also reported issues with low back pain radiating to the right leg. The applicant reported issues with weakness about the leg. The attending provider noted the applicant had developed heightened symptoms of depression. The attending provider stated that the applicant is not deriving appropriate analgesia from her various analgesic medications. The attending provider stated the applicant needed a surgical evaluation. The note was very difficult to follow as it mingled historical issues with current issues. The applicant was using Norco and Lunesta, it was stated in various sections of the note. At the bottom of the note, Norco, Lunesta, Ambien, Valium, Cymbalta, Elavil, baclofen, Opana-extended release, vitamin D, and tramadol were all apparently prescribed. New cervical MRI imaging, new lumbar MRI imaging, lumbar epidural and cervical epidural injection were all sought. The applicant had had at least one prior lumbar caudal epidural steroid injection, the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Epidural Steroid Injection with anesthesia and fluoroscopy L1-L2-L3:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** No, the request for a bilateral lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines the purpose of epidural steroid therapy is to aide in avoiding surgery. Here, however, the attending provider stated on September 21, 2015, the applicant had issues with weakness about the right leg. The applicant stated the applicant needed a surgical evaluation. It did not appear the epidural injection in question was intended for the purposes of avoiding surgery, as the treating provider seemingly contended on September 21, 2015; the applicant had significant radicular symptoms and signs, which warranted a surgical evaluation. The attending provider also acknowledged on September 21, 2015 that the applicant had had at least one prior epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, pain complaints in the 7/10 range were reported on September 21, 2015. The applicant remained depending on a variety opioid agents to include Norco, Opana-extended release, tramadol, etc., it was reported on that date. The applicant's work status was not detailed, suggesting the applicant was not working. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior cervical epidural steroid injection. Therefore, the request was not medically necessary.

**MRI of the Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Conversely, the request for lumbar MRI imaging of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the attending provider reported on September 21, 2015, the applicant had developed bona fide weakness about the right leg. The applicant had reportedly fallen, the treating provider reported on that date owing to issues with right leg weakness. The applicant was reportedly pending a surgical

evaluation, the requesting provider noted. Moving forward with what was framed as a request for preoperative lumbar MRI imaging was, thus, indicated. Therefore, the request was medically necessary.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Finally, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is recommended to evaluate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant considering or contemplating any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. The applicant's lumbar spine was the primary pain generator, the treating provider reported on September 21, 2015. The requesting provider was anesthesiologist/pain management physician, it was further noted. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.