

<b>Case Number:</b>	CM14-0211807		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 & Rehabn

### 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 patient is a 45-year-old male with date of injury of 03/20/2013. The listed diagnoses from 11/20/2014 are 1. Back pain and spasm 2. Lumbar radiculopathy. According to this report, the patient complains of right-sided low back pain that radiates towards his abdomen. The patient also reports radiculopathy to the left lower extremity. Examination shows limited flexion and extension at the lumbar spine. There is increased tenderness and spasm noted along the lumbar paraspinal musculature from L3 through L5-S1 levels. Femoral nerve stretch test is positive. Straight leg raise test is also positive in the seated and supine position. There is decreased sensation along the thigh and posterior leg. Treatment reports from 05/29/2014 to 12/04/2014 were provided for review. The utilization review partially certified the consultation for lumbar epidural steroid injections and denied the request for thoracic and lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for lumbar epidural steroid injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 on consultation.

**Decision rationale:** This patient presents with low back pain radiating to the abdomen and left lower extremity pain. The treater is requesting consult for lumbar epidural steroid injections. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The records do not show any previous consultation for the lumbar epidural steroid injections. The 10/16/2014 report notes severe tenderness and spasm along the lumbar paravertebral spinal musculature. There is also tenderness across the L3, L4, and L5 vertebrae. Sensory and motor functions tested in the lower extremities demonstrate diminished sensation along the left S1 distribution. Straight leg raise is positive in the seated and supine position. MRI of the lumbar spine showed anterolisthesis at L5 relative to both L4 and S1. There is bilaterally pars defect susceptible at L5. There is 6-mm left paracentral disk extrusion at the L4-L5 level with narrowing of the lateral recess and foramen. There is also facet hypertrophy noted at L3-L4 and L4-L5 levels. In this case, given the patient's clinical findings, a consultation for a lumbar epidural steroid injection is appropriate. The request is medically necessary.

**Thoracic MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This patient presents with low back pain radiating to the abdomen and left lower extremity pain. The treater is requesting a thoracic MRI. The ACOEM Guidelines page 177 to 178 list the criteria for ordering imaging studies which include emergency of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. The records do not show any previous MRI of the thoracic spine. The treater is requesting an MRI of the thoracic spine to rule out disk herniation. The reports provided for review only discussed lumbar spine issues. No examination of the thoracic spine was provided and no thoracic spine symptoms were discussed. The request is not medically necessary.

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation, Low Back (Acute & Chronic) last updated 11/21/14, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter on MRI.

**Decision rationale:** This patient presents with low back pain radiating to the abdomen and left lower extremity pain. The treater is requesting a lumbar MRI. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The records show that the patient had an MRI of the lumbar spine from 06/17/2013 that showed L5-S1 slight spondylolisthesis, bilateral L5 pars defects, and disk degeneration at L4 through S1, and a left-sided L4-L5 disk protrusion. The 12/04/2014 report shows decreased sensation along the S1 distribution in the right and left lower extremities. Straight leg raise is positive. There is also exquisite tenderness along the lumbar paralumbar musculature and spinous process at L3 through L5 levels. There are no reports of new trauma or new injuries. The treater is requesting an MRI of the lumbar spine to rule out disk herniation. In this case, while the patient continues to complain of ongoing low back pain, there are no reports of new trauma, any red flags, or new injuries that would warrant an updated MRI of the lumbar spine. The request is not medically necessary.