

<b>Case Number:</b>	CM15-0018625		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/26/2006
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 46 year old male, who sustained an industrial injury on December 26, 2006. The diagnoses have included thoracic lumbosacral neuritis, post laminectomy syndrome of the lumbar region, non-union fracture and cervical radiculitis. Treatment to date has included pain medication, lumbar laminectomy and epidural steroid injection. Currently, the injured worker complains of continued low back pain, right leg pain and groin pain. The pain was rated a 10 on a 10-point scale without medications and with medications, the injured worker rated the pain a 7 on a 10-point scale. The symptoms included severe right leg pain and burning. The injured worker uses crutches to ambulate at times. His lumbar range of motion was within normal limits and the muscle strength was 5/5. On January 3, 2015, Utilization Review non-certified a request for 4 view x-rays of the lumbar spine (AP/LAT/FLEX/EXT), L5-S1 Epidural Steroid Injection, noting that the ACOEM guidelines do not recommend lumbar spine x-rays in patients with low back pain in the absence of red flags for serious spinal pathology and epidural steroid injections are not recommended for low back pain without radiculopathy. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of 4 view x-rays of the lumbar spine (AP/LAT/FLEX/EXT), L5-S1 Epidural Steroid Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 4 view of x-rays of the lumbar spine (AP/lat/flex/ext): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter under Radiography

**Decision rationale:** The 46 year old patient presents with low back, right leg, and groin pain, rated at 7/10 with medications and 10/10 without medications, as per progress report dated 12/04/14. The request is for 1 4 VIEWS OF X-RAYS OF THE LUMBAR SPINE (AP/LAT/FLEX/EXT). There is no RFA for this case, and the patient's date of injury is 12/26/06. Medications include Percocet, Flexeril and Lyrica. Diagnoses included thoracic/lumbosacral neuritis, lumbar postlaminectomy syndrome, nonunion fracture, brachial neuritis, and the spinal stenosis of the cervical region, as per the same report. The progress reports do not document the patient's work status clearly. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." In this case, the progress reports do not document prior x-ray of the lumbar spine. While the request is noted in progress report dated 08/14/14, the treater does not explain the reason. The patient has been diagnosed with lumbosacral neuritis. However, physical examination of the lumbar spine does not indicate any abnormal findings. ODG guidelines do not recommend radiography to patients with low back pain in the absence of "red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." Hence, the request IS NOT medically necessary.

**1 L5-S1 epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** The 46 year old patient presents with low back, right leg, and groin pain, rated at 7/10 with medications and 10/10 without medications, as per progress report dated 12/04/14. The request is for 1 L5-S1 EPIDURAL STEROID INJECTION. There is no RFA for this case, and the patient's date of injury is 12/26/06. Medications include Percocet, Flexeril and Lyrica. Diagnoses included thoracic/lumbosacral neuritis, lumbar postlaminectomy syndrome, nonunion fracture, brachial neuritis, and the spinal stenosis of the cervical region, as per the same report. The progress reports do not document the patient's work status clearly. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, the available progress reports do not indicate prior lumbar ESI. The patient suffers from pain in low back, right leg and groin. As per progress report dated 10/23/14, an EMG in July 2014 indicated that the patient has right L5-S1 radiculopathy. However, physical examination of the lumbar spine does not indicate any abnormal findings. MTUS guidelines support ESIs in patients only when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. Hence, the request IS NOT medically necessary.