

<b>Case Number:</b>	CM15-0025358		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 38-year-old male, who sustained an industrial injury on 8/26/2013. The current diagnoses are lumbago and displacement of lumbar intervertebral disc without myelopathy. Currently, the injured worker complains of increasing pain in the lower back, which radiates to the right buttocks and leg. Additionally, he reports upper back pain that radiates to his bilateral arms. The pain is rated 8/10 on a subjective pain scale. His average level of pain in the last seven days has been 10/10. The physical examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is diminished sensation in the right L5 and S1 dermatomes of the lower extremities. There is positive straight leg test on the right in the seated and supine position at 45 degrees. MRI is positive for significant degree of L5-S1 disc protrusion with bilateral moderate-to-severe neural foramina narrowing affecting L5 exiting nerve root. The treating physician is requesting lumbar epidural steroid injection at L5-S1 and MRI of the cervical spine, which is now under review. On 1/28/2015, Utilization Review had non-certified a request for lumbar epidural steroid injection at L5-S1 and MRI of the cervical spine. The California MTUS Chronic Pain and ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI at L5-S1:** Overturned

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

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

**Decision rationale:** I respectfully disagree with the UR physician. The California MTUS guidelines indicate that the criteria for epidural steroid injections includes the presence of radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The progress note dated January 8, 2015 does include a complaint of radicular symptoms of the right lower extremity and decreased sensation as noted on the right side L5 and S1 dermatomes. Furthermore, an MRI of the lumbar spine does reveal bilateral moderate to severe neural foraminal narrowing affecting the L5 exiting nerve root. Considering the agreement between the subjective complaints and objective findings, this request for a lumbar spine epidural steroid injection at L5 - S1 is medically necessary.

**MRI for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, MRI.

**Decision rationale:** The official disability guidelines indicate that the criteria for an MRI of the cervical spine include the presence of normal radiographs and failure to improve with three months of conservative treatment. The attached medical record indicates that although medications have been prescribed for the injured employee there is no documentation of participation in physical therapy for the cervical spine. There are also no abnormal neurological findings of the upper extremities on physical examination. As such, this request for an MRI of the cervical spine is not medically necessary.