

<b>Case Number:</b>	CM15-0067468		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Family Practice

### 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 32 year old male, who sustained an industrial injury on September 17, 2002, incurring back injuries. He was diagnosed with lumbar spinal stenosis and radiculopathy. Treatment included a lumbar fusion March 2012, laminectomy and surgical removal of hardware from the lumbar spine, muscle relaxants, pain management, physical therapy and a transcutaneous electrical stimulation unit. The last imaging study was performed on 8/28/14. Currently, the injured worker complained of chronic low back pain radiating, to the buttocks, legs and feet. Examination has revealed evidence of radiculopathy on the right L5-S1 nerve root distribution. The treatment plan that was requested for authorization included a lumbar spine computed tomography scan and bilateral lumbar injections. 2/24/14 examination notes complaints for persistent pain radiation to the right lower extremity. He is not responding well to conservative measures. He is in a steady decline. With cough, sneeze and Valsalva he has significant increasing pain. Exam revealed decreased sensation over the L5 and S1 distribution on the right. He has severe weakness of the right gastrocnemius 4-5. He needs further treatment and evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan (L1-S1):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The injured worker is status post lumbar fusion in March 2012 and is reporting a steady decline. He has evidence of neurological deficits on clinical examination. The last imaging was performed in August 2014. The request for updated imaging at this time for further treatment planning is supported. The request for CT scan is medically necessary and appropriate.

**Bilateral L3-4, L4-5 and L5-S1 transforaminal injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

**Decision rationale:** Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The injured worker has not responded to conservative treatment. Examination has revealed evidence of radiculopathy on the right at the L5-S1 level. The request for Bilateral L3-4, L4-5 and L5-S1 transforaminal injections is not supported. However, an injection for the right L5-S1 level would be supported which has been modified to be certified on Utilization Review. The request for Bilateral L3-4, L4-5 and L5-S1 transforaminal injections is not medically necessary and appropriate.