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| <b>Case Number:</b>   | CM15-0073078 |                              |            |
| <b>Date Assigned:</b> | 04/23/2015   | <b>Date of Injury:</b>       | 05/07/2012 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 04/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 51 year old, male who sustained a work related injury on 5/7/12. The diagnoses have included lumbar disc degeneration, status post lumbar surgeries, lumbar stenosis, and lumbar facet arthropathy and left sacroiliac joint dysfunction. The treatments have included MRIs, electrodiagnostic studies, lumbar surgeries, oral medications, topical creams, lumbar transforaminal epidural steroid injection in June 2014, 12 sessions of physical therapy, six sessions of acupuncture and hot showers. His prior x-rays from 3 years ago revealed L3-4 retrolisthesis and L3-4 disc space narrowing improved on flexion lateral view. His lumbar MRI in Nov. 2014 indicated central stenosis at L3-4, right L3-4 facet effusion and left L3-4 facet arthrosis. In the Consultation note dated 3/20/15, the injured worker complains of lower back pain. He has radiating pain to left hip. He rates the pain a 7/10. The treatment plan is a request for a lumbar spine CT scan and for a lumbar transforaminal selective nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of lumbar spine, include sagittal and coronal views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290 and 303-304. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, CT (computed tomography).

**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-CT (computed tomography).

**Decision rationale:** CT scan of lumbar spine, include sagittal and coronal views is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The ODG states that a lumbar CT is not necessary unless there is lumbar trauma, myelopathy, a pars defect not identified on x rays, or status post fusion if x-rays do not confirm a successful fusion. The documentation does not indicate new trauma or physical exam evidence of myelopathy. The documentation indicates that updated flexion extension x-rays were certified. Without the results of these X-rays or progressive neurological deficits at this point a CT scan of the lumbar spine is not medically necessary.

**Anesthetic only left L3-4 transforaminal selective nerve root block:** 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** Anesthetic only left L3-4 transforaminal selective nerve root block is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The documentation submitted does not reveal evidence of objective radiculopathy on physical exam in clear myotomal or dermatomal pattern. Therefore the request for an anesthetic only left L3-4 transforaminal selective nerve root block is not medically necessary.