

<b>Case Number:</b>	CM15-0074943		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 41 year old female who sustained a cumulative industrial injury on 2/5/04 involving her low back. She had an initial injury to her low back in 1998 when she felt a snap in her lower back and developed pain. She had an initial diagnoses of degenerative disc disease. She has had x-rays, MRI's, computed tomography, anti-inflammatories, muscle relaxants, pain medications and nerve medications. The muscle relaxants are the only thing that helped. She continues to complain of constant low back pain that radiates down to the posterior aspect of her left lower extremity. Her pain level is 6/10. Her medications are Wellbutrin, Zoloft, hydrocodone, acetaminophen, Seroquel, Xanax, docusate, Flexaril. Diagnoses include depression; anxiety; suicide attempt; bipolar disorder posttraumatic stress disorder; low back pain with psychological effect; lumbar disc degeneration. Treatments to date include medications, physical therapy, epidural injections. Diagnostics include x-rays of the lumbar spine with abnormalities; MRI cervical spine (8/19/14); MRI of the lumbar spine (8/19/14, 3/15/04, 1/17/03, 8/17/98). In the progress note dated 2/26/15 the treating provider's plan of care requests a selective nerve root block at L5 on the left in order to confirm that this foraminal stenosis is contributing to her pain. There was a further request for MRI of the lumbar spine per application and Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

**Decision rationale:** This injured worker had prior radiographic studies including x-rays and MRI of the cervical spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the pathology had been delineated and documented on prior studies and there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The request is not medically necessary.

**1 selective nerve root block at the left S1: 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 9792.20 - 9792.26 Page(s): 35.

**Decision rationale:** Per the guidelines, spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the history does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. The selective nerve root block at left S1 is not medically necessary.