

<b>Case Number:</b>	CM13-0003039		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year-old female who was injured on 11/22/10. She has been diagnosed with lumbar spinal stenosis; sciatica; pain in joint, forearm; chronic pain; disorders of sacrum. According to the 2/22/13 pain management report from [REDACTED], she presents with 5/10 pain with medications. The patient reports pain down the right leg below the knee and tingling in the right foot. On exam there was decreased sensation in the right L2, L3, L4, L5 and S1 dermatomes. SLR was negative. The MRI from 1/7/11 was reported to show spinal stenosis at L2/3, L3/4 and L4/5. With bilateral foraminal narrowing at L2/3, moderate left and mild right foraminal stenosis at L3/4, and at L4/5 mild to moderate left and moderate to severe right foraminal stenosis. He requests right-sided lumbar epidural steroid injection (LESI) at L3/4 and L4/5 with fluoroscopic guidance and myelography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SIDE LUMBAR EPIDURAL STEROID INJECTION, L3-4, L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the 2/22/13 pain management report the patient presents with 5/10 pain with medications. The patient reports pain down the right leg below the knee and tingling in the right foot. On exam there was decreased sensation in the right L2, L3, L4, L5 and S1 dermatomes. SLR was negative. The MRI from 1/7/11 was reported to show spinal stenosis at L2/3, L3/4 and L4/5. With bilateral foraminal narrowing at L2/3, moderate left and mild right foraminal stenosis at L3/4, and at L4/5 mild to moderate left and moderate to severe right foraminal stenosis. The exam findings show right-sided problems, covering essentially the entire right leg, foot and most of the thigh. The MRI was reported to show bilateral problems at L2/3, and at L3/4 was more severe on the opposite side. L4/5 level was consistent, and the physician did not mention the L5/S1 level. The MRI findings do not corroborate the physical exam findings. The right-side LESI is not in accordance with MTUS guidelines. The records show that the provider provided a bilateral L5/S1 LESI on 9/10/13 which was a failed procedure only producing 25% relief after a week.

**LUMBAR EPIDUROGRAM WITH FLUOROSCOPIC GUIDANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**LUMBAR MYELOGRAPHY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.