

<b>Case Number:</b>	CM13-0025207		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/23/2004
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

The underlying date of injury in this case is 06/23/2004. The patient is a 50-year-old man who has been treated for chronic low back pain with a recent flare resulting in worsening buttock and lower extremity pain. The patient also has the comorbidity of erectile dysfunction treated with Viagra. The initial physician review in this case notes that recent conservative treatment was not documented, and for that reason epidural injection was not felt to be supported by the guidelines at this time. On 09/24/2013, the treating physician submitted a very detailed utilization review appeal regarding requested epidural injection. The treating physician notes that on objective evaluation, this patient has weakness in extensor hallucis longus function on the right at 4/5, and MRI demonstrated a right paracentral bulge at L3-L4 and a left paracentral disc bulge at L4-L5 with mass effect on the nerves. The patient was noted to have worsening of his right lower extremity pain. The treating physician felt that the patient had MRI findings correlating with his findings and symptoms in an L5-S1 distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right transforaminal lumbar epidural steroid injection at L5-S1 with lumbar myelography and epidurogram, IV sedation, fluoroscopic guidance and contrast dye:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation ODG Criteria for

Myelography and CT Myelography, and Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." At this time, in considering a detailed utilization review appeal for the treating physician, I note that the patient's symptoms on the right side are in an L5 or S1 distribution, although the findings on the right on MRI are those of a bulge at L3-L4, which does not clearly correlate with the patient's clinical presentation and is not clearly compressive in nature. Most notably, however, the patient's MRI was in July 2004, or almost 9 years prior to the date the treatment is being requested. It is quite possible, and in fact probable, that the findings on the MRI of 2004 may have changed by this time. That 2004 MRI would not be sufficient to meet the guidelines to corroborate the patient's clinical findings with diagnostic findings. Therefore, the medical records and guidelines do not support this request. This request is not medically necessary.