

<b>Case Number:</b>	CM13-0040926		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/27/1990
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 27, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; and earlier multilevel lumbar fusion surgery. In a utilization review report dated September 26, 2013, the claims administrator denied a request for an L5-S1 epidural steroid injection, citing that CT scan of the lumbar spine on September 16, 2013, was notable for mild extradural defects at L1-L2, L3-L4, and L5-S1 without any clearcut evidence of neurologic compression. The claims administrator, thus, seemingly predicated its denial on lack of clear radiographic corroboration of radicular symptoms. The applicant's attorney subsequently appealed. A September 23, 2013, progress note is notable for the comments that the applicant reported persistent complaints of low back pain, reportedly throbbing, aggravated by climbing stairs, lifting, walking, and standing. The attending provider noted that the applicant was complaining of low back pain radiating to the left leg in what he believed to be the L5-S1 nerve root distribution. The attending provider stated that while a CT myelogram did not show any definitive nerve root impingement, that it was difficult to interpret that testing in light of the applicant's earlier fusion surgery. Neurontin, hydrocodone, and an epidural steroid injection were sought. The applicant's work status was not furnished. The actual CT myelogram of September 16, 2013, was reviewed. The applicant did have a marked vacuum disc phenomenon with a central disc herniation abutting the thecal sac at the L5-S1 level, although the authoring radiologist did state that there was no clear evidence of nerve root compression. The remainder of the file was surveyed. There was no specific mention of the applicant's having had epidural steroid injection therapy, either before or after the spine surgery in question.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant has some incomplete corroboration of radicular complaints. The applicant did have CT myelography on September 16, 2013, which did demonstrate a vacuum disc phenomenon generating abutment upon the thecal sac, although it was stated that there was no clearcut nerve root impingement. Nevertheless, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse up to two diagnostic epidural blocks. Both the treating provider and the authoring radiologist have acknowledged that the earlier lumbar spine surgery has made it difficult to definitively establish the presence or absence of neurologic compression. The applicant has not had any prior epidural steroid injections, based on the information on file, and does not appear to have had any prior epidural steroid injections since the spine surgery transpired. A trial diagnostic injection is therefore indicated. Accordingly, the request is medically necessary.