

<b>Case Number:</b>	CM13-0042173		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Orthopedic Surgery, 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 claimant is a 59-year-old female, who sustained an injury to the low back and left shoulder in a work related accident on February 15, 2012. Specific to treatment for the claimant's low back, on September 27, 2013, there is a follow up assessment by the provider documenting continued complaints of low back pain with radiating left lower extremity complaints. Physical examination showed gross sensory changes from L2 through S1 on the left with motor weakness in all distributions of muscles tested in the left lower extremity in a global fashion. The assessment documented that the claimant was continuing with medication management. Imaging for review included an MRI (Magnetic resonance imaging) report that showed no significant pathology with the exception of foraminal stenosis at L5-S1, and no other documented compressive pathology. The electrodiagnostic studies performed on September 20, 2013 showed evidence of chronic left L5-S1 radiculopathy with no other significant findings. The claimant was documented to have failed conservative care including a radiofrequency ablation procedure. There was a recommendation for a series of epidural injections to be performed at the L5-S1 level times two and a myelogram of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myelogram, epidurogram with fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure: Myelography.

**Decision rationale:** The CA MTUS Guidelines are silent. When looking at the Official Disability Guidelines (ODG), myelography is only recommended in circumstances where the MRI (magnetic resonance imaging) is unable to be performed, unavailable, contraindicated or inconclusive. The records provided for review in this case provide clear indication of formal imaging including a recent MRI scan supported by recent electrodiagnostic studies. The medical records including the findings of clinical imaging provided for review do not support why myelography would be necessary. Therefore, the request is not certified.

**Lumbar epidural steroid injection L5-S1 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines do not support the role of multiple epidural injections at the L5-S1 level. In this case, the claimant does have evidence of radiculopathy in a chronic fashion based upon the results of electrodiagnostic studies. According to the MTUS Chronic pain Guidelines, an epidural steroid injection is given initially and a repeat injection is only given if there is documentation objectively of at least 50 percent pain relief with associated reduction of medication use for six to eight weeks. Given the above, the recommendation for two epidural injections in this case cannot be supported as medically necessary.