

<b>Case Number:</b>	CM13-0043073		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### **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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a 49 year old female with a date of injury of 28 April, 2003. The mechanism of injury is a lifting injury while lifting a heavy load at work, the patient experienced a sudden onset of a low back pain that was sharp and tearing in quality and restricted in location to the low back. She has documentation on a clinical note dated 09 August, 2012 that she was treated with pain medication for back pain. This note documents that she had an MRI L spine done in 2007 but there are no results of this examination documented in the record. A clinical note dated 11 December, 2012 documents an exam with pain to palpate over the L5-S1 area to palpation. A follow up clinical exam dated 03 April, 2014 documents a throbbing low back pain with some relief with treatment with Norco and Oxtcodone. Her neurologic exam is normal on this date. The straight leg test is negative. And she is documented to ambulate with an antalgic gait on this date. Her neurologic exam is otherwise documented as normal on this date. There is no documentation in the medical record to show an exam reflective of a Lumbosacral radiculopathy specifically on clinical exam. There is no documentation in the medical record to show neuroimaging with an MRI L spine to show evidence of a lumbosacral radiculopathy. There is no documentation in the records made available to show electrodiagnostic testing suggestive of a lumbosacral radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TWO (2) BILATERAL L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

**Decision rationale:** MTUS documents in the Chronic pain treatment guidelines recommends Epidural steroid injections as an option for the treatment of radicular pain defined as pain in a dermatomal pattern on clinical exam along with corroborative findings of a radiculopathy on clinical exam. According to the guidelines, the evidence of a clinical radiculopathy must be documented by a physical examination and corroborated with specific neuroimaging studies and /or by electrodiagnostic testing. In the case of this injured worker, there is no documentation in the medical record to show evidence of a clinical radiculopathy based on neurologic examination. There is no documentation of electrodiagnostic testing to show specific evidence of a radiculopathy and there is no evidence of MRI imaging documented to show evidence of a lumbosacral radiculopathy. Therefore, according to the guidelines and the review of the medical evidence, the request for two bilateral L4-L5 transforaminal epidural steroid injections is not medically necessary.

**FLUOROSCOPY GUIDANCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines recommends that Epidural steroid injections as an option for the treatment of radicular pain that is defined as pain in a dermatomal distribution with corroborative clinical findings of a radiculopathy on physical exam as well as positive findings on imaging studies and/or electrodiagnostic testing. Most of the current guidelines recommend no more than the use of two epidural steroid injections to reduce pain and inflammation and to restore range of motion and to thereby facilitate the clinical progress with more active treatment programs. These injections should be performed using fluoroscopy (live x ray) for guidance. In the case of the injured worker, there is no evidence in the records provided of a clinical exam documenting evidence of an actual clinical radiculopathy. There is no evidence of imaging studies or of electrodiagnostic testing showing evidence of a radiculopathy. There is therefore no clinical justification to support the medical necessity of epidural steroid injections in the case of this injured worker. Therefore, according to the guidelines and the review of the medical evidence, the use of fluoroscopic guidance is not medically necessary.