

<b>Case Number:</b>	CM13-0054184		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a male patient with the date of injury June 20, 2012. An utilization review determination dated October 17, 2013, recommends non-certification of injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography (CT)); lumbar or sacral, single level. The previous reviewing physician recommended non-certification due to lack of documentation of physical examination findings supporting current radiculopathy and continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous ESI (epidural steroid injection). An appeal letter dated October 16, 2013 identifies "while it is true that the patient has obtained benefit from prior L4-5 interlaminar epidural steroid injection on 8/7/13 for therapeutic purposes, the recently requested L3-4 interlaminar epidural steroid injection is predicated upon a new scan that reveals L3-4 disc disease with stenosis. The injection is for pre-surgical planning purposes from a diagnostic standpoint to help the requesting surgeon, [REDACTED] to determine more definitively the involvement of the L3-4 level as a pain generator for the patient's ongoing pain and functional limitation." An encounter note dated October 22, 2013, identifies chief complaint of low back pain. Physical examination identifies right patellar reflex 1+ diminished versus left side 2. The assessment and plan identifies radiculopathy lumbar, continue physical therapy (PT), continue modified work. Computed tomography (CT) lumbar spine after myelogram report dated July 22, 2013, impression identifies at L2-3, there is moderate spinal canal stenosis and mild bilateral neural foraminal narrowing. At L3-4 there is moderate spinal canal stenosis and moderate bilateral neural foraminal narrowing. At L4-5 and L5-S1, there is moderate bilateral neural foraminal narrowing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Injections, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (Fluoroscopy or CT); lumbar or sacral, single level:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** The MTUS guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The Official Disability Guidelines (ODG) state when used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Within the medical information made available for review, there is documentation that the injection is for pre-surgical planning purposes from a diagnostic standpoint to determine more definitively the involvement of the L3-4 level as a pain generator for the patient's ongoing pain and functional limitation. Computed tomography (CT) scan shows multi-level stenosis. As such, the requested injections, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (Fluoroscopy or CT); lumbar or sacral, single level is medically necessary.