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| <b>Case Number:</b>   | CM13-0054996 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 12/28/2011 |
| <b>Decision Date:</b> | 05/19/2014   | <b>UR Denial Date:</b>       | 10/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 38 year old who sustained injury on 12/28/2011. The diagnoses listed are neck pain and chronic low back pain. A 10/16/2012 MRI of the lumbar spine showed L4-5 disc bulge with theca sac compression but no nerve root compression. On 9/13/2013 there was documentation of 7-8/10 low back pain radiation down the left lower extremity. [REDACTED] documented objective findings of decreased deep tendon reflexes and decreased sensation along left L4, L5 dermatomes. The treatments completed are physical therapy, extracorporeal shockwave treatment and exercise. The medications listed are Vicodin and Anaprox for pain, Robaxin for muscle spasm, Ambien for sleep and Prilosec to prophylaxis or treatment of NSAID induced gastritis. A Utilization Review was rendered on 10/22/2013 recommending non-certification of L4-5 epidural steroid injection under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-L5 LUMBAR EPIDURAL STEROID INJECTION:** Overturned

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

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

**Decision rationale:** The California MTUS addressed the use of interventional pain procedures in the treatment of lumbar radicular pain. The indications for lumbar epidural steroid injections include to decrease pain, increase range of motion and avoid or delay surgery in patients who did not respond to conservative treatment with physical therapy, exercise and medications. The subjective and objective criteria establishing that the low back pain was caused by lumbar radiculopathy must be documented. On 9/13/2013 the employee had subjective complaints of 7-8/10 low back pain radiating down the left leg as well as decreased deep tendon reflexes and L4-L5 sensation. The 10/16/12 MRI showed L4-5 disc bulge, annular tear and abutment of the theca sac. There was no nerve root compression. The employee did complete PT, exercise and medications management. The employee has met the criteria for L4-L5 lumbar epidural steroid injection without anesthesia.

**ANESTHESIA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION PAIN, EPIDURAL STEROID INJECTION

**Decision rationale:** The California MTUS did not address the anesthesia requirements during lumbar epidural injection procedures. The ODG recommends that lumbar epidural steroid injections be performed without sedation or anesthesia. Performing the procedure in an awake patient will lead to early recognition and treatment of procedure related complications. The efficacy of interventional pain procedures can be evaluated with greater accuracy in an awake patient than in a patient is given sedatives.