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| <b>Case Number:</b>   | CM13-0055267 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 10/28/2000 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 11/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2013 |

### 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 Anesthesiology, has a subspecialty in, Pain Medicine and is licensed to practice in 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 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 injured worker is a 55-year-old male who reported an injury on 10/28/2000 due to unknown mechanism. The injured worker had complaints of left low back pain radiating to the left hip and lateral anterior left lower leg. The injured worker also had complaints of right buttock pain radiating to the posterior lateral of the right leg. The injured worker stated he was taking more than 5 of Norco 10/325mg daily for pain. An MRI on 10/25/2013 revealed no change in 0.2cm nodule within the cauda equine, likely representing a tiny schwannoma, significantly improved disc protrusion at L1-L2, unchanged chronic left L4-L5 foraminal stenosis and interval progression of right L5-S1 foraminal stenosis. New 0.2cm AP(anterioposterior) right paracentral disc bulge was noted at L2-L3. Per physical examination on 10/25/2013 revealed decreased cervical range of motion, neck pain with extension and left side rotation. Neurological exam findings included 4+/5 motor strength in bilateral knee extension and right foot dorsiflexion. Sensory exam showed sensation was decreased in left C6-7 and left L3-5 distributions to pinprick. Straight leg raise was positive bilaterally. Diagnoses for the injured worker were lumbar radiculopathy, lumbar disc protrusion, lumbar postlaminectomy, left L4-5 radiculopathy, and right L5-S1 radiculopathy. Treatment plan was for left L4 and left L5 nerve root epidural steroid injections under fluoroscopy guidance. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two left L4 and left L5 selective nerve root epidural injections under fluoroscopy guidance:** Upheld

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

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

**Decision rationale:** The reports from physical therapy and medications tried and failed were not submitted. Epidural steroid injections are recommended by the California MTUS Guidelines as an option for treatment of pain in dermatomal distribution with corroborative findings of radiculopathy on physical exam, as well as corroboration by imaging studies and/or electrodiagnostic testing. Additionally, the injured worker must be shown to have been initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. The injured worker was noted to have neurological deficits on physical exam and corroboration with diagnostic studies. However, documentation showing the failure of initially recommended conservative treatment, including physical therapy was not submitted. In addition, a second injection would not be supported without documentation showing adequate response to the first. Therefore, the requests of Two Left L4 And Left L5 Selective Nerve Root Epidural Injections Under Fluoroscopy Guidance are not medically necessary.

**Outpatient facility:** Upheld

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

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

**Decision rationale:** Request number 1 was non-medically necessary, and there was no location noted for the outpatient facility. Therefore, the request for outpatient facility is not medically necessary.