

<b>Case Number:</b>	CM14-0103983		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/24/2002
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 61-year-old male with an injury date of 07/24/02. Based on the 01/06/14 progress report provided by [REDACTED], the injured worker complains of low back pain rated 6-10/10 that radiates down his right lower extremity. Physical examination revealed tenderness over lumbar paraspinal muscles. Positive lumbar facet loading maneuver bilaterally. Straight leg raise test positive on the right. Reflexes were normal. His medications include Cialis, Norco, Lovastatin, Protonix, Astelin spray, Imitrex, Sumatriptan, Claritin, Gabapentin, Temazepam, Lunesta, Baclofen and Voltaren gel. Per progress report dated 03/03/14, the injured worker is status post bilateral transforaminal epidural steroid injection going on 6 weeks with >50% improvement. Injured worker reports reducing his medications by 50%, and having functional improvement with ambulation, but residual pain. Physical examination on 03/31/14 revealed dullness to pinprick left anterior-lateral thigh, and anterior leg, as well as positive straight leg raising test on the left. Injured worker is retired. MRI of the Lumbar Spine dated 04/02/10 per progress report dated 01/06/14- multiple herniated disc most significant at L3-L4 and L5-S1, moderate lateral recess stenosis and foraminal stenosis. Diagnosis 01/06/14- lumbar radiculopathy- lumbar facet arthropathy. Operative Report 02/12/14- lumbar transforaminal ESI under fluoroscopy with epidurography bilateral L4 and L5. Diagnosis 03/03/14- chronic pain syndrome- lumbago- displacement of lumbar intervertebral disc without myelopathy- thoracic or lumbosacral neuritis or radiculitis, unspecified chronic pain syndrome. The utilization review determination being challenged is dated 06/12/14. The rationale follows: 1) Retro lumbar transforaminal ESI under fluoroscopy with epidurography right L4 and L5 (DOS 02/12/14): "The documented sensory deficits prior to treatment are not correlated with MRI findings to support medical necessity of performed epidural steroid injection on

02/12/14."2) Retro lumbar transforaminal ESI under fluoroscopy with epidurography left L4 and L5 (DOS 02/12/14): "The documented sensory deficits prior to treatment are not correlated with MRI findings to support medical necessity of performed epidural steroid injection on 02/12/14." [REDACTED] is the requesting provider, and he provided treatment reports from 01/06/14 - 03/31/14.

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

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

#### **Retro Lumbar Transforaminal ESI under Fluoroscopy with Epidurography Right L4 & L5 (DOS 2/12/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46,47.

**Decision rationale:** The request is for Retro lumbar transforaminal ESI under fluoroscopy with epidurography right L4 and L5 (DOS 02/12/14). He is status post bilateral lumbar transforaminal ESI under fluoroscopy with epidurography L4 and L5, 02/12/14. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "In the therapeutic phase, repeat blocks should be based on 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 a general recommendation of no more than 4 blocks per region per year." In this case, the injured worker has significant right leg pain with MRI showing significant disc herniations at two levels. Exam showed positive SLR as well and ESI transforaminal approaches at two levels were medically reasonable. However, the requested "epidurography" was not. None of the guidelines discuss "epidurography" as a necessary part of an ESI. The request for is not medically necessary.

#### **Retro Lumbar Transforaminal ESI under Fluoroscopy with Epidurography Left L4 & L5 (DOS 2/12/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46,47.

**Decision rationale:** The request is for Retro lumbar transforaminal ESI under fluoroscopy with epidurography left L4 and L5 (DOS 02/12/14). He is status post bilateral lumbar transforaminal ESI under fluoroscopy with epidurography L4 and L5, 02/12/14. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing,"

and "In the therapeutic phase, repeat blocks should be based on 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 a general recommendation of no more than 4 blocks per region per year." In this case, the injured worker has significant right leg pain with MRI showing significant disc herniations at two levels. Exam showed positive SLR as well and an ESI transforaminal approach at two levels was medically reasonable. However, the requested "epidurography" was not. None of the guidelines discuss "epidurography" as a necessary part of an ESI. The request for is not medically necessary.