

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0153056 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 04/18/2007 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2014 |

### 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 patient is a 44 year old with an injury date on 4/18/07. Patient complains of lower lumbar pain that radiates into the lower extremities with numbness/tingling per 11/19/13 report. Based on the 11/19/13 progress report provided by [REDACTED] the diagnoses are: 1. s/p L5-S1 360 lumbar arthrodesis 2. Retained symptomatic lumbar spine hardware 3. rule out junctional level pathology L4-5 with instability 4. upper motor neuron signs, rule out spinal cord concentration/central nervous compromise. Exam on 11/7/13 showed "significant reproducible pain over the top of palpable hardware. L-spine range of motion guarded/restriction in flexion/extension. Radicular pain pattern in the lower extremities, left > right. Patient admits to having bladder incontinence." The 11/19/13 report adds "Seated nerve root test is positive. Dysesthesia at the L5-S1 dermatomes." [REDACTED] is requesting L5-S1 steroid injection with monitored anesthesia care and epidurography. The utilization review determination being challenged is dated 9/10/14 and denies the request due to lack of documentation of failure of conservative care. [REDACTED] is the requesting provider, and he provided treatment reports from 2/4/13 to 11/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Steroid Injection with Monitored Anesthesia Care and Epidurography: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46, 47.

**Decision rationale:** This patient presents with lower back pain, lower extremity pain. The treater has asked for L5-S1 steroid injection with monitored anesthesia care and epidurography on. Review of the reports do not show any evidence of prior ESIs being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, patient does present with radicular symptoms with examination showing dysesthesia in L5-s1 dermatomes. However, there is no description of a nerve root lesion; no MRI report or description of an MRI and no EMG showing radiculopathy. The patient's history of lumbar fusion and possible junctional problem does not denote radiculopathy. Recommendation is for denial.