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| <b>Case Number:</b>   | CM14-0164606 |                              |            |
| <b>Date Assigned:</b> | 10/09/2014   | <b>Date of Injury:</b>       | 07/15/2012 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 09/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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, 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 underlying date of injury in this case is 07/15/2012. The date of the utilization review under appeal is 09/29/2014. On 09/22/2014, the patient was seen by primary treating physician for follow-up regarding lumbar degenerative disc disease and spinal stenosis. The patient presented with low back and left lower extremity radicular symptoms which were increasing in L5 and S1 dermatomes. The treating physician reviewed an MRI of the lumbar spine of 09/03/2014 which showed scar tissue of the S1 nerve root on the left side and mild lateral recess stenosis. The MRI notes a left laminotomy/laminectomy defect at L5-S1 with enhancing soft tissue in the left lateral recess, compatible with fibrosis. On examination the patient had tenderness in the low lumbar paraspinals and positive straight-leg raising on the left as well as decreased sensation in the left L5 distribution. The treating physician recommended a left L5-S1 epidural injection. An initial physician review recommended non-certification of this epidural injection given the lack of nerve root involvement. The initial reviewer felt that the office notes additionally did not clearly substantiate radiculopathy on physical exam and imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar transforaminal epidural steroid injection (ESI) left L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid injections.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections states that radiculopathy must be documented on physical exam and corroborated with imaging studies and/or electrodiagnostic testing. In this case the patient does clearly have both pain symptoms and sensory deficits consistent with the distribution of the current requested epidural injection. The initial physician review noted that there was not clear nerve compression at the requested area; however, the available MRI does clearly show postoperative findings at this level with scar tissue impacting the associated nerve root. The guidelines do not require physical compression of the nerve. Rather, this documented scar formation with enhancing soft tissue in the left lateral recess and associated fibrosis is consistent with a pain generator which can cause persistent radiculopathy. Therefore, the treatment guidelines have been met. This request is medically necessary.