

<b>Case Number:</b>	CM14-0031462		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/27/2001
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### **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 53 year old female with date of injury 8/27/01. The treating physician report dated 2/6/14 indicates that the patient presents with pain affecting the lumbar spine and bilateral leg pain with paresthesia of the left leg. The utilization review report dated 2/18/14 denied the request for lumbar ESI based on the rationale that there was no supporting evidence for a repeat injection.

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

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

#### **BILATERAL TRANSFORAMINAL LESI L5, S1 AND LUMBAR MYELOGRAPHY AND LUMBAR EPIDUROGRAM AND IV SEDATION AND FLUOROSCOPIC GUIDANCE AND CONTRAST DYE: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, ESI Section, page 46 and the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS Guidelines do support the usage of epidural steroid injections

and repeat injections with demonstrated functional improvement, reduction of pain and reduction of medication usage. This request also includes lumbar myelography presumably performed at the time of an ESI. The MTUS Guidelines for ESI do not include these additional radiographic procedures. Fluoroscopic studies are recommended with ESI and myelography which is characterized by a small amount of contrast injected during an ESI are part and parcel of the injection procedure itself. While a repeat ESI may be indicated, the treating physician's request for myelography is not. The ODG Guidelines state that myelography is not recommended except for selected indications which include demonstration of the site of a CSF leak, surgical planning, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease, poor correlation of physical findings with MRI studies and conditions precluding MRI. Myelography is not supported for ESI procedures.