

<b>Case Number:</b>	CM14-0034422		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/27/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 8/27/2001. Mechanism of injury is claimed to have been from a trip and fall. Patient is post lumbar spinal fusion of L5-S1 on 10/18/06 and post spinal cord stimulator placement on 1/24/12 and cervical fusion(C4-7) on 6/06. Patient has a diagnosis of post-laminectomy syndrome and lumbar disc displacement without myelopathy. Medical reports reviewed. Last report available until 2/6/14. Patient complains of back pain radiating to both legs. L leg is worst that R side with noted burning and numbness. Also notes weakness to L leg. Objective exam reveals decreased L5 dermatomes sensation bilaterally with bilateral straight leg raise and noted paraspinal spasms. L sided hip flexion is 4/5 strength. Pt has reportedly received prior ESIs done on 9/3/13. Report claims a 60% reduction in pain lasting 4months. There is no decrease in pain medication use but reported in ability to walk. MRIs reportedly confirm back pathology but full reports were not provided for review. Medication list include Norco, Lidoderm, Ibuprofen, Protonix and Venlafaxine.Independent Medical Review is for bilateral transforaminal LESI(Lumbar Epidural Steroid Injection) at L5, S1 and Lumbar Myelography and lumbar epidural with IV sedation under fluoroscopic guidance and contrast dye. Prior UR on 3/5/14 recommended certification of only the Transforaminal LESI at L5, S1 and lumbar epidurogram with fluoroscopic guidance and contrast dye and recommended non-certification of the myelogram and IV sedation part of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal LESI ( Lumbar Epidural Steroid Injection) at L5, S1 and lumbar myelography and lumbar epidural with IV (Intra-Venous) sedation under fluroroscopic guidance and contrast dye: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-LOW BACK CHAPTER-EPIDUROGRAPHY/ EPIDUROSCOPY

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back complaints>, <Myelography>

**Decision rationale:** As per MTUS IMR guidelines, this review will consider all requested components of requested service since the provider has requested them in a single request. If 1 component is not recommended, the entire request is not recommended. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation states that the ESI was to decrease pain. Noted plan was for increased function and to decrease pain medication use. Meets criteria. 2) Unresponsive to conservative treatment. Pt has failed multiple prior treatment modalities. Meets criteria. 3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8weeks. Meets criteria. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all criteria before ESI can be recommended. Patient meets criteria for LESI. However, the request for Myelography does not meet criteria for recommendation. MTUS Chronic pain or ACOEM does not adequately deal with this topic. Official Disability Guidelines(ODG) recommend myelography only for identification of CSF leak, surgical/radiation planning, evaluation of spinal or basal cistern disease or inability to get an MRI myelography. Patient does not meet any of these indications. IV sedation is also recommended for this procedure since there is no noted justification for why sedation is needed. Although LESI is indicated, Myelography and IV sedation is not recommended therefore the entire request is not medically necessary.