

Case Number:	CM14-0034642		
Date Assigned:	03/21/2014	Date of Injury:	12/28/2012
Decision Date:	05/05/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 date of injury of 12/26/12. Mechanism is reported to be multiple with most recent from a motor vehicle incident where he rear ended another vehicle. Patient has a diagnosis of lumbar disc displacement without myelopathy, cervical spondylosis without myelopathy and sprain/strain thoracic region. Prior history of prior L shoulder arthroscopy with subacromial decompression, rotator cuff repair and SLAP debriedement of superior labral tear. Multiple medical reports reviewed from primary treating physician and any available consultants. An appeal report from treating physician dated 3/18/14 was also reviewed. Patient reports neck pain radiating to both arms especially L shoulder and also low back pain. Back pain radiates to both buttocks with associated numbness and tingling in right foot. Pain worsens when bending forward. Pain has not improved despite physical therapy and pain medication. Pain is 5-9/10 even with medications. Objective exam reveals L L5 dermatomal decreased sensation. Positive straight leg raise. Spasm and guarding noted on lumbar spine. Dorsiflexion, hip extension, knee extension is decreased to 4/5. Decreased range of motion with flexion decreased to 15 degrees due to pain. MRI of lumbar spine on 6/19/13 reveals L4-5 3mm extrusion with mild effacement of anterior epidural space and no central stenosis. L5-S1 disc narrowing with 4mm herniation. There is mild narrowing of neuroforaminal outlets at both levels. No Noted signification mass effect; annular fissure at L1-2 level. Prior EMG was reportedly normal. Received a spinal cervical epidural steroid injection on 5/28/13. Completed 11 physical therapy sessions with no improvement. Current medication includes Norflex, Protonix, Relafen and Buprenorphine. Utilization review is for Steroid lumbar injection with xylography, epidurogram and under fluoroscopic guidance at L4-5 and L5-S1. Prior UR on 2/18/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

**STEROID LUMBAR EPIDURAL INJECTION WITH MYELOGRAPHY,
EPIDUROGRAM AND UNDER FLUOROSCOPIC GUIDANCE, AT L4-L5 AND L5-S1:
Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The requested procedures are part of the process of Epidural Steroid Injection (ESI). Epidurography and myelography under fluoroscopic guidance are procedures performed to ensure safe and accurate delivery of the steroid injection. As per MTUS Chronic pain guidelines, ESI may provide short term improvement in pain relief when used in conjunction with rehab program. There is no data to show improvement in function. It should be used as an adjunct in pain control to allow more active physical therapy and treatment. There are specific criteria that must be met before it can be recommended. 1) With the update information provided, patient's exam is more consistent with radiculopathy and MRI evidence supports the exam. While there was a benign EMG done, this meets the radiculopathy criteria. 2) Patient meets not responsive to conservative therapy criteria. 3) Requested procedure meets the fluoroscopic guidance criteria. 4) Requested procedure meets the less than 2 levels to be injected criteria. As per MTUS Chronic pain guidelines, patient meets ESI criteria. The requested Epidural Steroid Injection of lumbar L4-5 and L5-S1 with myelography, epidurogram under fluoroscopic guidance is medically necessary.