MAXIMUS Federal Services

| Case Number: | CM14-0089599 | | |
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| Date Assigned: | 09/10/2014 | Date of Injury: | 10/10/2002 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

## 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 injured worker is a 51-year-old male with an injury date of 10/10/02. Based on 12/03/13 progress report, the patient has progressive degenerative disease at L2-L3 with junctional kyphotic deformity, segmental instability, and severe stenosis. The treating physician has not mentioned patient's pain nor the localization of symptoms in the reports submitted for review. A sensory exam showed diffuse changes in L2-L3 dermatome with positive tension signs. Iliopsoas motor strength is 4/5. Diagnostic studies demonstrate severe stenosis at L2-L3 with progressive moderate instability. Patient is status post posterior lumbar decompression with instrumentation, per operative report dated 01/15/14. The diagnoses listed on the 1/21/14 progress report by the requesting provider include lumbar stenosis, junctional kyphotic deformity, and segmental instability, L2-L3. Imaging studies submitted for review included a 12/03/13 post-op X-Ray of the lumbar spine showing normal findings; there was no MRI of lumbar spine included with the submitted records. The doctor is requesting Epidural Injection at L2-3. The utilization review (UR) determination being challenged is dated 05/09/14. The rationale for the UR denial is, "with the present information, there is insufficient localization to consider certification. The MTUS Guidelines would require adequate localization of clinical history and findings as well as radiographic findings to support epidural injection for demonstrated radicular abnormality. There is incomplete information available at this time. Further to this, there is lack of information other than standard x-rays as to what may be occurring at the L3-4 level by any MR or CT findings."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Injection L2-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** Patient has progressive degenerative disease at L2-L3 with junctional kyphotic deformity, segmental instability, and severe stenosis. The request is for Epidural Injection L2-3. A progress report dated 04/21/14 states, under subjective findings, "Patient has been authorized for cervical intervention and also authorized for epidural steroid injection L2-L3 and we will proceed accordingly." Patient is status post posterior lumbar decompression on 1/15/14 per operative report. A progress report dated 03/31/14 states that the sensory exam showed diffuse changes in the L2-L3 dermatome with positive tension signs. Iliopsoas motor strength is 4/5. The California MTUS has the following criteria regarding ESI's under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The reviewed reports do not document the patient's pain location to determine any radicular symptoms. There are no imaging studies that corroborate physical exam findings. Without documentation of radiating symptoms, one cannot tell whether or not the patient has radiculopathy. MRI finding would not matter in this situation. For stenosis and pathology at L2-3 level, one would expect groin pain and symptoms. Given the lack of radicular symptoms, ESI would not be indicated. Therefore, this request is not medically necessary.