

<b>Case Number:</b>	CM14-0182088		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 44 year old who was injured on 2/25/2009. The diagnoses are cervicobrachial syndrome, tension headache, lumbar radiculopathy, low back pain and chronic pain syndrome. The 2012 MRI of the lumbar spine showed multilevel degenerative disc disease, bilateral foraminal narrowing at L5-S1 and facet arthropathy. The patient had completed PT, massage, chiropractic, and home exercise program. An epidural steroid injection in 2013 resulted in significant reduction in pain, increased in physical function and reduction in medications requirement. On 10/14/2014, Dr. [REDACTED] noted low back pain radiating to the lower extremities. There are associated numbness and tingling sensation. The low back pain is associated with bladder dysfunction. The objective finding was stated to be consistent with lumbar radiculopathy. The medications are Gabapentin, diclofenac and morphine for pain. The patient is also utilizing Sertraline for depression. The 10/14/2014, the preliminary UDS test was negative for prescribed medications. A Utilization Review determination was rendered on 10/20/2014 recommending non certification for bilateral L5-S1 epidural steroid injection with epidurogram with fluoroscopic guidance and IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar epidural steroid injection at L5-S1, bilateral:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that fluoroscopic guided lumbar epidural steroid injection could be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and physical treatments. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed all modalities of physical and medication treatments. The 2013 lumbar epidural steroid injection resulted in significant pain relief with functional improvement and reduction in medications requirement. The guidelines recommend that fluoroscopy and epidurogram can be utilized for optimum needle localization medication placement. It is recommended that intravenous sedation can be utilized for patient with history of anxiety and depression. The criteria for the bilateral L5-S1 epidural injection were met. The request is medically necessary.

**One lumbar epidurogram with flourosopic guidance and IV sedation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that fluoroscopic guided lumbar epidural steroid injection could be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and physical treatments. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed all modalities of physical and medication treatments. The 2013 lumbar epidural steroid injection resulted in significant pain relief with functional improvement and reduction in medications requirement. The guidelines recommend that fluoroscopy and epidurogram can be utilized for optimum needle localization medication placement. It is recommended that intravenous sedation can be utilized for patient with history of anxiety and depression. The criteria for the bilateral L5-S1 fluoroscopic guided epidural injection, epidurogram with IV sedation for the procedure were met. The request is medically necessary.