

<b>Case Number:</b>	CM14-0186603		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal 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:

The injured worker is a 28-year-old man with a date of injury of December 8, 2008. The mechanism of injury occurred when the ladder that he was on broke and landed on his back. This resulted in a series of treatments including laminectomy and a recent fusion of the lumbar spine. He reports surgeries have not helped him. The injured worker working diagnosis is lumbar disc herniation, status post lumbar fusion in 2010 with back pain and radicular pain. The IW had epidural steroid injections in 2010 and 2013 with good response. Pursuant to the clinical note dated October 7, 2014, the IW complains of pain in his low back with radiation to the lower extremities. The pain is constant and is present when he lies down. Moving and bending make the pain worse. Medications decrease the sharp component of the pain. Current medications include OxyContin 30mg, Lunesta 3mg, Nucynta, Proventil inhaler, Advair, Spiriva, Singulair, and Albuterol inhaler. Physical examination reveals tenderness to the lumbar paraspinal muscles, more on the left. Flexion was limited to 45 degrees. Extension was limited to 10 degrees. Lateral tilt to the left was limited by 50% and to the right was limited by 25%. A urine drug screen was conducted and was negative for any prescribed scheduled drugs. The current request is for epidural steroid injection with lysis of adhesions, lumbar epidurogram, IV sedation, and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI (Epidural Steroid Injection) with Lysis of Adhesions: Upheld**

**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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection with lysis of adhesions is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; in the therapeutic phase, repeat blocks should be based on continued objective document this pain and functional improvement, including at least 50% pain relief with associated reduction of medication use 6 to 8 weeks; etc. In this case, the injured workers working diagnoses are lumbar disc disorder; radiculopathy; facet joint syndrome; and dorsal lumbar fusion anterior column. The documentation from a September 2013 progress note does not indicate radiculopathy in the physical examination. In a progress note from May 2014 there is no documented radiculopathy present on physical examination. An August 11, 2014 progress note indicates negative neurological evaluation with no objective evidence of radiculopathy. On October 7, 2014, a pain evaluation (initial consultation) was performed. It included a review of the medical record. Physical examination showed a normal neurologic evaluation with normal sensory and motor function. Special testing did not include any electrodiagnostic testing. The underlying indication for epidural steroid injections is the presence of radiculopathy. The documentation does not contain any objective evidence of radiculopathy. The presence of radicular pain without clinical manifestations (objective) of radiculopathy is not an indication for epidural steroid injections. There were no electrodiagnostic studies in the medical record. Consequently, absent the appropriate clinical documentation in support of radiculopathy, clinical indications/rationale pursuant to the guidelines, epidural steroid injection with lysis of adhesions is not medically necessary.

**Lumbar Epidurogram:** Upheld

**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 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidurogram (for epidural steroid injection) is not medically necessary. Diagnostic epidurography is performed to assess the structure of the epidural space before administering steroids (in an epidural steroid injection). Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. They include, but are not limited to, radiculopathy must be

documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; in the therapeutic phase, repeat blocks should be based on continued objective document this pain and functional improvement, including at least 50% pain relief with associated reduction of medication use 6 to 8 weeks; etc. In this case, the injured workers working diagnoses are lumbar disc disorder; radiculopathy; facet joint syndrome; and dorsal lumbar fusion anterior column. The documentation from a September 2013 progress note does not indicate radiculopathy in the physical examination. In a progress note from May 2014 there is no documented radiculopathy present on physical examination. An August 11, 2014 progress note indicates negative neurological evaluation with no objective evidence of radiculopathy. On October 7, 2014, a pain evaluation (initial consultation) was performed. It included a review of the medical record. Physical examination showed a normal neurologic evaluation with normal sensory and motor function. Special testing did not include any electrodiagnostic testing. The underlying indication for epidural steroid injections is the presence of radiculopathy. The documentation does not contain any objective evidence of radiculopathy. The presence of radicular pain without clinical manifestations (objective) of radiculopathy is not an indication for epidural steroid injections. There were no electrodiagnostic studies in the medical record. The proposed epidural steroid injection is not medically necessary (Supra) and consequently, epidurography is not medically necessary. Based on the clinical information and the peer-reviewed evidence-based guidelines, Epidurography (for epidural steroid injection) is not medically necessary.

**IV Sedation:** Upheld

**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 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, IV sedation for epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; in the therapeutic phase, repeat blocks should be based on continued objective document this pain and functional improvement, including at least 50% pain relief with associated reduction of medication use 6 to 8 weeks; etc. In this case, the injured workers working diagnoses are lumbar disc disorder; radiculopathy; facet joint syndrome; and dorsal lumbar fusion anterior column. The documentation from a September 2013 progress note does not indicate radiculopathy in the physical examination. In a progress note from May 2014 there is no documented radiculopathy present on physical examination. August 11, 2014 progress note indicates negative neurological evaluation with no objective evidence of radiculopathy. On October 7, 2014, a pain evaluation (initial consultation) was performed. It included a review of the medical record. Physical examination showed a normal neurologic evaluation with normal sensory and motor function.

Special testing did not include any electrodiagnostic testing. The underlying indication for epidural steroid injections is the presence of radiculopathy. The documentation does not contain any objective evidence of radiculopathy. The presence of radicular pain without clinical manifestations (objective) of radiculopathy is not an indication for epidural steroid injections. There were no electrodiagnostic studies in the medical record. Consequently, absent the appropriate clinical documentation in support of radiculopathy, clinical indications/rationale pursuant to the guidelines, IV sedation for epidural steroid injection is not medically necessary.

**Fluoroscopic Guidance:** Upheld

**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 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, fluoroscopic guidance for epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; in the therapeutic phase, repeat blocks should be based on continued objective document this pain and functional improvement, including at least 50% pain relief with associated reduction of medication use 6 to 8 weeks; etc. In this case, the injured workers working diagnoses are lumbar disc disorder; radiculopathy; facet joint syndrome; and dorsal lumbar fusion anterior column. The documentation from a September 2013 progress note does not indicate radiculopathy in the physical examination. In a progress note from May 2014 there is no documented radiculopathy present on physical examination. An August 11, 2014 progress note indicates negative neurological evaluation with no objective evidence of radiculopathy. On October 7, 2014, a pain evaluation (initial consultation) was performed. It included a review of the medical record. Physical examination showed a normal neurologic evaluation with normal sensory and motor function. Special testing did not include any electrodiagnostic testing. The underlying indication for epidural steroid injections is the presence of radiculopathy. The documentation does not contain any objective evidence of radiculopathy. The presence of radicular pain without clinical manifestations (objective) of radiculopathy is not an indication for epidural steroid injections. There were no electrodiagnostic studies in the medical record. Consequently, absent the appropriate clinical documentation in support of radiculopathy, clinical indications/rationale pursuant to the guidelines, fluoroscopic guidance for epidural steroid injection is not medically necessary.