

<b>Case Number:</b>	CM14-0198859		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, 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 patient is a 61 year old male with an injury date of 10/09/13. Based on the 10/28/14 progress report provided by treating physician, the patient complains of low back pain rated 6/10 that radiates to the bilateral lower extremities. Physical examination to the lumbar spine on 10/28/14 revealed decreased range of motion, flexion 80%, extension 70% and lateral rotation 60%. Negative straight leg raise test, positive facet loading bilaterally. Diminished pin prick and temperature sensation in bilateral lower extremities in L4, L5 and S1 distribution. Diminished reflexes in bilateral knees and ankles, plantar response with bilateral down going. Patient has sensory loss in L4/5 and S1 distribution and diminished reflexes of the bilateral knees and ankles. Patient is to return to modified work per treater report dated 08/16/14. Patient has had physical therapy per treater report dated 07/08/14. MRI Lumbar Spine 09/03/14- L4-L5: lateral recess stenosis and neural foraminal stenosis bilaterally- L5-S1: left lateral recess stenosis and severe neural foraminal stenosis, left greater than right, as well as displacement to the left exiting L5Diagnosis 06/03/14, 07/18/14, 08/19/14- chronic lumbosacral strain- chronic lumbar degenerative disc diseaseDiagnosis 10/28/14- lumbar degenerative disc diseaseThe utilization review certification is dated 11/12/14. The request was certified to "1 lumbar epidural steroid injections for left l4 and l5-s1 levels under fluoroscopy and Epidurography."Treatment reports were provided from 06/03/14 - 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Lumbar Epidural Steroid Injections for Left L4 and L5-S1 Levels under Fluoroscopy and Epidurography: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

**Decision rationale:** The patient presents with low back pain rated 6/10 that radiates to the bilateral lower extremities. The request is for 3 lumbar epidural steroid injections for left L4 and L5-S1 levels under Fluoroscopy and Epidurography. Patient's diagnosis on 06/03/14, 07/18/14, and 08/19/14 included chronic lumbosacral strain, and chronic lumbar degenerative disc disease. Physical examination to the lumbar spine on 10/28/14 revealed decreased range of motion, flexion 80%, extension 70% and lateral rotation 60%. Negative straight leg raise test, positive facet loading bilaterally. Diminished pin prick and temperature sensation in bilateral lower extremities in L4, L5 and S1 distribution. Diminished reflexes in bilateral knees and ankles, plantar response with bilateral down going. Patient has sensory loss in L4/5 and S1 distribution and diminished reflexes of the bilateral knees and ankles. Patient is to return to modified work per treater report dated 08/16/14. Patient has had physical therapy per treater report dated 07/08/14. MRI of the lumbar spine dated 09/03/14 revealed L4-L5, lateral recess stenosis and neural foraminal stenosis bilaterally; and L5-S1, left lateral recess stenosis and severe neural foraminal stenosis, left greater than right, as well as displacement to the left exiting L5. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Treater has documented patient's radicular symptoms to the lower extremities, supported with physical examination findings to the lumbar spine on 10/28/14, and corroborated with MRI of the lumbar spine dated 09/03/14. There is no documentation of prior ESI in review of medical records. The request would be indicated by MTUS; however, guidelines do not support series-of-three injections in either the diagnostic or therapeutic phase. Furthermore, Epidurography is sometimes billed separately by physicians that perform ESI's. While fluoroscopic use is recommended during epidural injections, Epidurography is part of the epidural injection for contrast localization. MTUS guidelines do not discuss Epidurography and should be part and parcel of routine epidural steroid injections. The request is not in line with guideline criteria; therefore the request is not medically necessary.