

<b>Case Number:</b>	CM14-0200558		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/04/2006
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work-related injury on January 4, 2006. Subsequently, the patient developed low back pain. The patient has a SCS implanted and had a prior discectomy. He has also been receiving ESIs every 4 months since 2011, which have provided at least 3 months of pain relief. On a note dated September 25, 2014, the patient reported he still have back, buttocks, and leg symptoms. When he rides a stationary bike, he will get increased amounts of right sided low back buttocks and leg pain, which implies a mechanical impingement of the nerve root. According to the progress report dated November 19, 2014, the patient continued to have severe leg pain complaints. He has been to ER twice. The provider is requesting authorization for a surgery consultation as he suspects a significant amount of his leg symptoms are secondary to mechanical impingement of the nerve roots at the operative level L4-5. The patient was diagnosed with sciatica, lumbosacral spondylosis, lumbar disc displacement without myelopathy, and lumbar disc degeneration. The provider requested authorization for Bilateral L4-L5 transforaminal epidural steroid injection and Conscious sedation and fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 Transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, criteria for the use of Epidural Steroid Injections (ESIs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. An MTUS guideline does not recommend epidural injections for back pain without radiculopathy. Therefore, Bilateral L4-L5 Transforaminal epidural steroid injection is not medically necessary.

**Conscious sedation and fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Low back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Since the Bilateral L4-L5 Transforaminal epidural steroid injection is not medically necessary, the Conscious sedation and fluoroscopy is not medically necessary.