

<b>Case Number:</b>	CM14-0202185		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/23/2005
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 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:

According to the records made available for review, the injured worker is a 53 year-old female with a date of injury of 06/23/2005. The results of the injury include cervical spine and lumbar spine pain. Diagnostic studies have included lumbosacral spine x-rays, dated 03/05/2014, which were remarkable for: post-surgical changes with fusion noted; disc space narrowing throughout the lumbar spine with relative spurring of L4-L5 remains unchanged from prior study; and no bony fracture. Diagnoses include cervical spine strain/sprain with radicular complaints, and status post lumbar spine surgery times two. Treatments to date have included medications and surgical intervention. A progress note from the treating physician, dated 10/02/2014, documents a re-evaluation of the injured worker. The injured worker reported constant moderate low back pain which radiates to the bilateral legs. Objective data include tenderness about the paracervical and trapezial musculature upon palpation, cervical muscle spasms, and restricted range of motion due to pain. Also noted is increased tone and tenderness about the paralumbar musculature, and at the midline thoraco-lumbar junction, and over the L5-S1 facet level and right greater sciatic notch, with muscle spasms. The treating physician lists pain management consultation and lumbar steroidal epidural injection at the level of L5-S1 in the plan of treatment. Request is being made for Lumbar Epidural Steroid Injection at Right L5-S1 under fluoroscopic guidance. On 11/03/2014, Utilization Review non-certified a prescription for Lumbar Epidural Steroid Injection at Right L5-S1 under fluoroscopic guidance. Utilization Review non-certified a prescription for Lumbar Epidural Steroid Injection at Right L5-S1 under fluoroscopic guidance based on the medical records not meeting criteria for lumbar epidural steroid injection. Criteria, consisting of symptoms, exam findings, or diagnostic findings, do not support a radiculopathy at a particular focal distribution. The Utilization Review cited the CA MTUS Chronic Pain Medical

Treatment Guidelines: Epidural Injections. Application for independent medical review was made on 12/03/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar Epidural Steroid Injection at Right L5-S1 under fluoroscopic guidance:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, an 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. Furthermore, the patient file does not document that the patient is a candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective and clinical findings to support the presence of radiculopathy. There is no documentation that the patient has signs of radiculopathy at the right L5-S1, the requested level of injection. There are no recent EMG or MRI findings supporting the diagnosis of radiculopathy. Therefore, the request for Lumbar Epidural Steroid Injection at Right L5-S1 under fluoroscopic guidance is not medically necessary.