

<b>Case Number:</b>	CM14-0207123		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/18/2002
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice, 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:

This is a 52 year old male patient who sustained a work related injury on 9/18/2002 The exact mechanism of injury was not specified in the records provided. The current diagnoses include sacral radiculopathy, history of chronic backache, and lumbar disc disease Per the doctor's note dated 11/25/14, patient has complaints of backache, bilateral elbow pain and bilateral knee pain at 3/10 Physical examination of the low back revealed limited range of motion, tenderness on palpation, negative SLR and Facet loading test The medication lists include Avinza, Neurontin, Cymbalta, Norco, Amitriptyline, Bupropion, Levitra, Meloxicam, Promethazine, Sumatriptan, Famotidine and Lisinopril The patient has had EMG/NCS on 11/28/2012 that revealed evidence for chronic L5 lumbar radiculopathy; MRI Left Knee on 08/21/2012 that revealed mild degenerative changes in patellar compartment; on 08/21/2012 MRI of the lumbar spine that revealed dis protrusions with foraminal narrowing and MRI of the right knee on 4/24/2007 that revealed partial tear of the patellar tendon The patient's surgical history include right knee surgery in 2007; right TKR on 6/3/2009 Patient recently underwent a lumbar epidural steroid injection at L4-5 on 11/5/14 and Epidurogram was also performed; 02/20/2013 LESI at L4-L5; LESI on 11/13/13; he had received steroid injection in elbows The patient has received an unspecified number of PT visits for this injury. The patient has used a knee brace He has had a urine drug toxicology report on 04/04/2013 that was positive for opiates Hydrocodone and Gabapentin and on 7/10/14 that was consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro request for 1 fluoroscopy (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 Chronic Pain, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Epidurography consists of a diagnostic evaluation following an injection of contrast into the epidural space, and must include permanent image-recording and a formal diagnostic radiology report. The patient has had EMG/NCS on 11/28/2012 that revealed evidence for chronic L5 lumbar radiculopathy; on 08/21/2012 MRI of the lumbar spine that revealed disc protrusions with foraminal narrowing. The patient has had a MRI of the lumbar spine. The rationale for an additional imaging study in the form of epidurography was not specified in the records provided. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Retro request for 1 fluoroscopy (Epidurogram) is not fully established for this patient.