

<b>Case Number:</b>	CM14-0097271		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male sustained a work related injury on 10/25/2013. The mechanism of injury was reported to be injury from a motor vehicle accident. The current diagnoses are disc protrusions with foraminal stenosis and facet hypertrophy at L4-L5 and L5-S1 levels. According to the progress report dated 4/3/2014, the injured workers chief complaints were lower back pain radiating into the right lower extremity. Additionally, he reports numbness down the right leg with occasional similar type pains down the left leg. The physical examination revealed tenderness to palpation over the lower lumbosacral spine. Straight leg raising test is positive in the right leg for radicular pain. There is decreased sensation over the right L4 and L5 distribution. The injured worker was previously treated with medications and physical therapy. The lumbar MRI reveals disc protrusion of the L4-L5 and L5-S1 levels with bilateral foraminal stenosis as well as facet arthropathy at the L5-S1 level. On this date, the treating physician prescribed lumbar epidural under fluoroscopy L4-L5 and L5-S1, which is now under review. Work status was off work. On 5/29/2014, Utilization Review had non-certified a prescription for lumbar epidural under fluoroscopy L4-L5 and L5-S1. The lumbar epidural injection was non-certified based on no diagnostic study corroborating the presence of lumbar radiculopathy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient: Lumbar Epidural under Fluoroscopy - L4-L5, L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections

**Decision rationale:** The patient presents with complains of headache, neck pain, lower back pain radiating to the right lower extremity and numbness down the right leg, occasionally down the left leg. The request is for OUTPATIENT: LUMBAR EPIDURAL UNDER FLUOROSCOPY - L4-L5, L5-S1. Patient's diagnosis include multiple level cervical disc protrusions, cervicgia and cervicogenic headaches, disc protrusions with foraminal stenosis and facet hypertrophy, L4-L5 and L5-S1 levels, lower back pain with lumbar radicular pain and symptoms. Physical examination to lumbosacral spine on 04/03/14 revealed tenderness to palpation to paraspinal muscles. Patient is temporarily totally disabled. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that at the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. Treater is requesting lumbar epidural injection under fluoroscopy guidance, as patient "is more symptomatic in the lumbar region." MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient has radicular symptoms radiating to the lower extremities. Straight leg raising test was positive in the right leg per progress report dated 03/04/14. Patient revealed decreased sensation over the right L4 and L5 distribution. Patient's MRI findings included disc protrusion at L4-L5 and L5-S1 levels with bilateral foraminal stenosis as well as facet arthropathy at the L5-S1 level. There is no record of prior lumbar ESI in review of medical records. The reason for lumbar epidural under fluoroscopy appears reasonable. Therefore, the request IS medically necessary.