

<b>Case Number:</b>	CM15-0137865		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	02/28/2001
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	06/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 28, 2001. In a Utilization Review report dated June 27, 2015, the claims administrator failed to approve a request for a left L5-S1 epidural steroid injection. The claims administrator referenced an RFA form received on June 7, 2015 in its determination, along with an associated progress note dated June 10, 2015. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of low back pain, status post earlier lumbar fusion surgery at L4-L5 in 1996. The applicant was working regular duty, it was reported. The applicant reported an extremely mild low back pain but apparently denied any referred pain in the lower limbs. The applicant had complained of axial low back pain, exacerbated by flexion and extension, it was reported. The applicant reported heightened complaints of depression and anxiety, it was reported. Somewhat incongruously, the attending provider then stated in another section of the note, that the applicant had a significant amount of pain radiating into the left calf. Heightened complaints of burning leg pain were noted in the preceding two to three weeks. The applicant was on Neurontin and Motrin, it was reported. The applicant was given diagnoses of facetogenic pain at L3-L4, myofascial pain syndrome, axial low back pain, spondylosis, low back pain status post lumbar fusion, chronic pain syndrome, generalized deconditioning, and left L5 radiculopathy. A left L5- S1 epidural steroid injection was sought. It was stated that the applicant had not had injection therapy in the past. The attending provider referenced undated CT imaging of the thoracic and lumbar spines demonstrating transverse process fractures at L1, L2, and L3 as well

as evidence of prior and postsurgical changes at L3-L4. Non-displaced fractures at T8, T9, and T10 were also reported. CT imaging of the lumbar spine dated March 13, 2012 was notable for a mild circumferential disc bulge at L3-L4 and a mild broad-based disc bulge at L5-S1, without significant stenosis at the latter.

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

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

**Left L5 and left S1 epidural corticosteroid injection under fluoroscopic guidance:** Upheld

**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 Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** No, the request for a left L5-S1 epidural steroid injection under fluoroscopic guidance is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, here, however, the attending provider's reporting on June 10, 2015 was internally inconsistent, at-times incongruous, did not clearly establish whether the applicant was in fact having radicular pain or not. One section of the June 10, 2015 progress note explicitly stated that the applicant did not "have any referred pain in the lower limbs," while in another section it was stated that the applicant had burning left calf pain. The attending provider's reporting of the applicant's pain complaints make it difficult to discern whether the applicant in fact had bona fide radicular pain complaints or not on June 10, 2015 as it appears that several sections of that note carried over historical pain complaints. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also states that there should be radiographic and electrodiagnostic corroboration of radiculopathy. Here, it appeared that the applicant's last documented CT scan of the lumbar spine was on March 13, 2012. The said CT scan of lumbar spine of March 13, 2015 did not reveal radiographic corroboration or radiculopathy at the L5-S1 level at which the epidural steroid injection in question was proposed. Therefore, the request is not medically necessary.