

<b>Case Number:</b>	CM15-0169044		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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:

The injured worker is a 40-year-old male, who sustained an industrial injury on 12-10-2009. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included diagnostics, open reduction and internal fixation of a calcaneal fracture in 2009, physical therapy, left ankle hardware removal in 2013, mental health treatment, and medications. Currently (8-05-2015), the injured worker complains of left ankle pain, particularly around his Achilles tendon, rated 5 out of 10. He also continued to have left sided neck pain, low back pain, and sexual dysfunction. It was documented that Norco provided 30% pain decrease and allowed him the functional benefit of increased tolerance for activity and participation in physical therapy. Other medications included Ketamine cream, Prozac, Docuprene, Pantoprazole, Diclofenac cream, Glucosamine, and Orphenadrine. Lumbar spine magnetic resonance imaging (6-09-2011, compared to 5-10-2010) noted stable findings of degenerative disc disease at L5-S1, a ventral annular fissure, no evidence of acute abnormality, and no critical spinal or foraminal stenosis. Exam of the lumbar spine noted normal muscle tone without atrophy in the lower extremities and strength 4 out of 5 in lower leg flexion, extension, ankle flexion, and ankle dorsiflexion. Exam of the ankle noted tenderness to palpation of the Achilles tendon and fibula-calcaneal ligaments of the left ankle. He did not have an anterior drawer sign on the left and was able to bear weight with significant pain on the left ankle. It was documented that lumbar epidural injection (7-22-2014) resulted in a 50% reduction in pain for greater than 2 months, although progress reports in and around this time were not noted. His work status was not documented. The treatment plan included one epidural steroid injection at L5-S1 under fluoroscopy, epidurogram, and with intravenous sedation. On 8-18-2015, the Utilization Review non-certified the request.

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

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

### **One Lumbar Epidural Steroid Injection at L5-S1 under Fluoroscopy, epidurogram and with Intravenous Sedation: 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) Treatment for Workers' Compensation, Online Edition, 2015 Chapter: Pain, Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although, the provider noted previous LESI provided 50% relief for two months, there are no clinical records surrounding this time period documenting of such. Additionally, criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The One Lumbar Epidural Steroid Injection at L5-S1 under Fluoroscopy, epidurogram and with Intravenous Sedation is not medically necessary or appropriate.