

<b>Case Number:</b>	CM15-0169698		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Hawaii

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 46 year old male who sustained an industrial injury on 07-13-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, bilateral shoulder, and low back pain. Medical records indicate pain at 9/10 without medications, and 6/10 with medications. The physical exam (07-07-15) reveals decreased range of motion of the lumbar spine and tenderness to palpation at the lumbosacral junction with spasms and guarding. Treatment has included medications. The treating provider indicates MRIs of the bilateral shoulders, lumbar spine, and right knee have been performed, but no electrodiagnostic studies. The MRI of the lumbar spine showed L4-5 retrolisthesis with disc bulge, mild bilateral recess stenosis, and bilateral L5 spondylosis. The original utilization review (08/03/15) the lumbar epidurogram and lumbar epidural steroid injection were noncertified due to no documentation of radiculopathy corroborated by imaging or electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidurogram, fluoroscopic guidance, IV sedation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the neck, bilateral shoulders, and low back. The current request is for Lumbar epidurogram, fluoroscopic guidance, IV sedation. The treating physician report dated 7/16/15 (19B) states, "Please note that the patient demonstrates some anxiety with regard to the procedure. IV sedation is provided to relax the patient during the procedure, minimize pain, prevent patient anxiety and for overall comfort." The report goes on to state, "An epidurogram is definitely required also during the procedure, as it allows the physician to assess that the epidural steroid that was administered has accurate delivery to the source of the pain." MTUS Guidelines do recommended ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the request for a lumbar epidural steroid injection satisfies the MTUS guidelines and is medically necessary and therefore the current request is medically necessary.

**Lumbar epidural steroid injection L4-L5:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the neck, bilateral shoulders, and low back. The current request is for Lumbar epidural steroid injection L4-L5. The treating physician report dated 7/16/15 (18B) states, "the patient complains of persistent low back pain with radiation into bilateral hips". His lumbar MRI shows retrolisthesis with disc bulge at L4-L5. It also shows bilateral L5 spondylosis without anterolisthesis. The patient does have evidence of radicular pain at L4-5 bilaterally for which LESI is indicated. The report goes on to state, "this patient has benefitted significantly from his prior epidural steroid injection. He noted that it did provide him a greater than 50% reduction in his pain level for over 4 months. Along with this significant pain relief, he also noted improvement in function. He was able to perform his activities of daily living better with less pain." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided show that the patient has received a previous ESI at the L4-5 level on 5/12/14 (97C). In this case, the patient presents with low back pain that radiates down to the bilateral hips. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 10/14/13 (9C). Additionally, the patient received a 50% reduction in pain and an increase

in function from a previous ESI performed on 5/12/14. The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.