

<b>Case Number:</b>	CM15-0030066		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/11/1993
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 76 year old male, who sustained an industrial injury on March 11, 1993. He has reported injury to his lumbar disc. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included epidural injections and medication. Currently, the injured worker complains of low back pain with radiation to the right hip and thigh. He reported this pain to be similar to the pain that has been treated with occasional epidurals in the past. His hydrocodone medication provides relief for his low back pain. On February 3, 2015 Utilization Review non-certified one lumbar epidural steroid injection at right L4 level under fluoroscopy with IV sedation as outpatient, noting non-MTUS Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of one lumbar epidural steroid injection at right L4 level under fluoroscopy with IV sedation as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at right L4 under fluoroscopy with IV sedation, as an outpatient:** 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 ESI  
Page(s): 46-47.

**Decision rationale:** The 2/03/15 Utilization Review letter states the right L4 epidural steroid injection requested on the 1/21/15 medical report was denied. Unfortunately, the 2/03/15 UR letter provided for review, was missing pages and the denial rationale was not provided. According to the 1/21/15 pain management report, the patient presents with 6.5/10 low back and sacroiliac joint pain. He manages pain with 2-3 hydrocodone per day and occasional epidural injections. Exam shows absent right ankle reflex, and decreased sensation over the right calf and thigh in the L4 pattern. The diagnoses include right lumbar radiculopathy and lumbar DDD. The 7/18/13 L4/5 interlaminar epidural report was provided for review, and the 8/15/13 follow-up report shows pain decreasing from 7/10 to 3/10, and the walking tolerance has improved. There were no MRI or electrodiagnostic reports provided for this review. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections [ESIs]" page 46 states these are "Recommended as an option for treatment of radicular pain [defined as pain in dermatomal distribution with corroborative findings of radiculopathy]." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Only limited information is provided for this review. MTUS criteria for an epidural steroid injection, requires the physical exam findings be supported with either MRI or electrodiagnostic studies. Neither MRI nor electrodiagnostic reports were provided for this review. The MTUS criteria for an epidural injection has not been met. Based on the available documentation the request for Lumbar epidural steroid injection at right L4 under fluoroscopy with IV sedation as outpatient IS NOT medically necessary.