

<b>Case Number:</b>	CM15-0058844		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Pain Management

### 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 23 year old male, who sustained an industrial injury on September 15, 2014. He reported that while bending down repeatedly he sustained pain to his low back. The injured worker was diagnosed as having thoracic sprain, lumbar sprain, disc degeneration, and facet hypertrophy. Treatment to date has included lumbar spine MRI, bilateral lower extremity electromyography (EMG)/nerve conduction velocity (NCV), bracing, heat/ice, and medication. Currently, the injured worker complains of increased upper and lower back pain which radiates down his legs to his feet, left side greater than right side, with weakness, numbness, and tingling of his legs and spasms, stiffness, and limited range of motion (ROM) of his low back. The Primary Treating Physician's report dated March 11, 2015, noted the injured worker using a cane due to leg weakness and difficulty balancing and an antalgic gait, scheduled to begin physical therapy the following week. The injured worker was noted to have a normal electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities. Physical examination of the lumbar spine was noted to show limited and painful range of motion (ROM), positive nerve root signs and radiographic findings of moderate disc height loss at the L4-L5 and l5-S1 levels with facet hypertrophy at the L3-l4 and l4-L5 levels. A MRI study was noted to show a 2-3mm disc bulge at L4-L5 and 2mm at L5-S1. Straight leg raise was noted to be positive on the left and negative on the right. The injured worker's medications were listed as Ultram ER, Nalfon, and Protonix. The treatment plan was noted to include a request for authorization for a diagnostic phase epidural injection at the L4-L5 level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic phase lumbar epidural at L-4-5 level:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** Regarding the request for Epidural to Lumbar Spine Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. ODG states when used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Within the documentation available for review, it is clear the physician is trying to evaluate a radicular pain generator since physical signs and symptoms differ from that found on imaging studies as supported by guidelines. The patient has positive physical examination findings supportive of a diagnosis of radiculopathy, but no nerve root impingement identified clearly on MRI or electro diagnostic studies. As such, a diagnostic injection to help identify the patient's pain generator is a reasonable next step in treatment. Therefore, the currently requested diagnostic phase lumbar epidural injection is medically necessary.