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| <b>Case Number:</b>   | CM15-0089958 |                              |            |
| <b>Date Assigned:</b> | 05/14/2015   | <b>Date of Injury:</b>       | 05/16/2014 |
| <b>Decision Date:</b> | 06/30/2015   | <b>UR Denial Date:</b>       | 04/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2015 |

### 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:

This 34-year-old man sustained an industrial injury on 5/16/2014 after swooping down fast and subsequently heard a pop in his back. Diagnoses include lumbar sprain, arm/shoulder sprain, and thoracic or lumbar spine radiculopathy. Treatment has included oral medications. Physician notes dated 1/29/2015 show complaints of burning low back pain that radiates down the hip, leg, and right shoulder rated 6/10. Recommendations include Meloxicam, Gralise, and orthopedic specialist consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 Transforaminal Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the right shoulder and low back with radiation to the bilateral lower extremities. The current request is for Right L4-5 transforaminal epidural steroid injection. The treating physician report dated 4/23/15 (15C) states, "MRI demonstrates a right-sided disc protrusion with concomitant spinal stenosis at L4-5. The MRI is about 9 months old." The 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, do not show that the patient has received a previous ESI at the L4-5 level. In this case, the patient presents with low back pain that radiates down to the bilateral lower extremities. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI performed in 2014. The current request satisfies the MTUS guidelines as outlined on page 46. Therefore, the requested treatment is medically necessary.

**Moderate Sedation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the right shoulder and low back with radiation to the bilateral lower extremities. The current request is for Moderate sedation. In this case, since the request for an epidural steroid injection at the L4-5 level is recommended then the current request for moderate sedation is medically necessary.

**Fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the right shoulder and low back with radiation to the bilateral lower extremities. The current request is for Fluoroscopy. The MTUS guidelines states, "Injections should be performed using fluoroscopy (live x-ray) for guidance." In this case, since the request for an epidural steroid injection at the L4-5 level is recommended than the current request for fluoroscopy guidance is medically necessary.

**Epidurography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the right shoulder and low back with radiation to the bilateral lower extremities. The current request is for Epidurography. In this case, while it is common for physicians to perform ESI procedures under fluoroscopy to identify proper placement of the needle, an epidurography is not required as it is not medically necessary to identify the epidural space. The current request for epidurography is not medically necessary.