

<b>Case Number:</b>	CM15-0236813		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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 45 year old male, who sustained an industrial injury on 3-25-14. The injured worker was diagnosed as having spondylosis without myelopathy or radiculopathy of lumbosacral region, fracture of lumbar vertebra, unstable burst fracture of first lumbar vertebra, fracture of other part of scapula of unspecified shoulder and wedge compression fracture of lumbar vertebra. On 10-2-15 and 11-6-15, the injured worker complains of continued low back pain due to lumbar fracture and lumbosacral spondylosis; he notes the pain radiates to bilateral lower extremities. Physical exam performed on 10-2-15 revealed no abnormalities and on 11-6-15 revealed decreased lumbar range of motion and decreased sensation in L5 left dermatomes. MRI of lumbar spine performed on 12-28-14 revealed healed L1 compression fracture and lumbar degenerative changes are predominantly in facet joints with multilevel bilateral facet capsulitis. Treatment to date has included bilateral facet injections (provided 60-70% pain relief for 36 hours), physical therapy, home exercise program, oral medications including Norco, Ibuprofen and Tylenol; lumbar epidural steroid injections (provided significant relief) and activity modifications. The treatment plan included request for authorization for lumbar epidural steroid injection at L5-S1, lumbar epidurogram with fluoroscopic guidance and IV sedation. On 11-19-15 request for lumbar epidural steroid injection at L5-S1, lumbar epidurogram with fluoroscopic guidance and IV sedation was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar epidural steroid injection at L5-S1, each additional level times 2, lumbar epidurogram, fluoroscopic guidance, and IV sedation: Upheld**

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

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

**Decision rationale:** The medical records indicate the patient has complaints of low back pain with radicular symptoms into both legs, left greater than right. The current request for consideration is 1 lumbar epidural steroid injection at L5-S1, each additional level x 2, lumbar epidurogram, fluoroscopic guidance and IV sedation. The progress report dated 11/6/15; page (477b) notes that the patient had relief from an ESI at higher levels and hopes the patient will have similar relief at L5-S1. The CA MTUS has this to say regarding epidural steroid injections: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The Criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no pain noted in a specific dermatomal pattern and there are no corroborative findings of radiculopathy. The lumbar MRI dated 12/28/14 shows no evidence of nerve root impingement. There are no electrodiagnostic studies such as EMG indicating nerve root involvement/radiculopathy. The available clinical information is insufficient to meet evidence based guidelines for epidural steroid injections. The current request is not medically necessary.