

<b>Case Number:</b>	CM15-0243931		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	12/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: Massachusetts

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 27 year old male, who sustained an industrial injury on 9-17-2013. The medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease, sacroiliac joint dysfunction, sacroiliac joint pain, chronic pain syndrome, myalgia, and pelvic pain. According to the progress report dated 11-30-2015, the injured worker presented with complaints of chronic low back pain. He notes that his pain has been worse over the past week. He describes his pain as aching and stabbing, associated with pins and needles and numbness in his legs. On a subjective pain scale, he rates his pain 3 out of 10 with medication and 8 out of 10 without. The physical examination of the lumbar spine reveals moderate tenderness to palpation over the paraspinal muscles, limited flexion and extension due to pain, diminished sensation in the left lateral upper leg, and positive straight leg raise test on the left. The current medications are Norco, tramadol, Gabapentin, Nortriptyline, and Trazodone. Previous diagnostic studies include x-rays, electrodiagnostic testing (left L5 and S1 radiculitis), and MRI of the lumbar spine (2-20-2015). The treating physician describes the MRI as "annular tear at L5-S1 and neuroforaminal stenosis". Treatments to date include medication management and physical therapy. Work status is described as temporarily disabled. The original utilization review (12-9-2015) had non-certified a request for left lumbar L5 and S1 transforaminal epidural steroid injection with moderate sedation and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar L5 and S1 TF ESI with moderate sedation and fluoroscopic guidance:** 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 based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

**Decision rationale:** The claimant sustained a severe work injury in September 2013 as the result of a motor vehicle accident. He sustained a traumatic right above knee amputation and pelvic fractures requiring bilateral sacroiliac joint fusions. He has chronic lumbar radiculopathy affecting the left lower extremity. An MRI of the lumbar spine in February 2015 showed findings of multilevel disc bulging with mild facet arthritis. There was left transverse process heterotopic ossification. There was mild left L5/S1 foraminal narrowing. When seen in November 2015 he had worsening pain over the past week. Electrodiagnostic testing had been done in October 2015 showing findings of left L5 and S1 radiculitis. There was a pending appointment for depression and anxiety. He was having low back and pelvic pain and pins and needles and numbness in the legs. Physical examination findings included moderate paraspinal muscle tenderness. There was decreased range of motion due to pain. Left straight leg raising was positive. There was bilateral sacroiliac joint tenderness. There was decreased left lower extremity sensation. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation with positive straight leg raising and electrodiagnostic testing is reported as showing findings consistent with radiculopathy. An epidural steroid injection is indicated. In this case, moderate sedation is also being requested for the procedure and the medication to be used is not specified. The claimant has anxiety and for conscious sedation, Versed (midazolam) can be administered intravenously. However, without specifying the medication to be used for sedation, the request is not medically necessary.