

<b>Case Number:</b>	CM14-0181939		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59 year old female who was injured on 5/4/2012. The diagnoses are status post lumbar fusion, lumbar radiculopathy and low back pain. There are associated diagnoses of GERD and constipation. The past surgery history is significant for lumbar fusion in 2013. The patient completed PT, aquatic therapy and medications management. On 9/12/2014, [REDACTED] noted subjective complaint of low back pain radiating down the right leg. There was objective finding of lumbar paraspinal muscle tenderness, positive straight leg raising test, decreased range of motion of the lumbar spine and decreased sensation along the right L5-S1 dermatomes. On 10/14/2014, [REDACTED] noted that the patient's symptoms are consistent with L4-L5 and L5-S1 post-surgical neuritis and fibrosis. A diagnostic EMG/NCV or MRI had not been authorized. The medications listed are Nebumetone and Gabapentin for pain. The gabapentin was recently changed to Lyrica because of sedative side effects. A Utilization Review determination was rendered on 10/6/2014 recommending non-certification for Right L4-5, L5-S1 transforaminal epidural steroid injections via caudal approach.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 and L5-S1 transforaminal approach versus caudal approach:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of severe lumbar radiculopathy that did not respond to standard treatment with medications and PT. The records indicate that the patient had subjective and objective findings consistent with post - surgical lumbar neuritis and radiculopathy. The standard basic MRI or radiological tests are not diagnostic for all radiculopathy resulting from post -surgical neuritis and fibrosis because of complex anatomical and surgical distortions and artifacts. The records indicate that the neuropathic medications have failed because the medications could not be optimized due to intolerable side effects. The subjective complaints and all objective findings are consistent with right sided lumbar radiculopathy. The criteria for Right L4-5 and L5-S1 transforaminal epidural steroid injections via caudal approach were met and therefore, the request is medically necessary and appropriate.