

<b>Case Number:</b>	CM15-0112873		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 49 year old female, who sustained an industrial/work injury on 4/24/14. She reported initial complaints of pain to the lower back, left upper leg, left lower leg, both wrists, and hands. The injured worker was diagnosed as having degenerative lumbar/lumbosacral disc disease, spondylosis. Treatment to date has included medication, diagnostic testing, and epidural steroid injections. MRI results were reported on 5/1/14 noted degenerative disc disease at L4-S1 with most severe at L5-S1 with severe bilateral neural foramen narrowing. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 5/13/14 that was negative. Currently, the injured worker complains of acute exacerbation of chronic pain with increased pain in the low back and bilateral legs rated 8/10. Last epidural steroid injection on 1/8/15 gave 50% improvement for more than 10 weeks. There was improvement in activities and physical function. Per the primary physician's progress report (PR-2) on 5/27/15, exam revealed decreased flexion and extension and limited by discomfort, tender to palpation paraspinals at lumbosacral junction and sciatic notches, 4-4+/5 strength, bilateral lower extremities due to pain, positive straight leg raise on the left. There is decreased sensation over the left foot dermatomes. Current plan of care included epidural steroid injection and mediation. The requested treatments include right L5-S1 transforaminal epidural steroid injection, Left L5- S1 transforaminal epidural steroid injection, Moderate sedation, Fluoroscopic guidance, and Epidurography. The medications listed are Relafen, Lyrica and Ultram. There was daytime sedation associated with the use of Ultram and Lyrica.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right L5-S1 transforaminal epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consisted with lumbar radiculopathy. There is documentation of sustained pain relief and functional restoration associated with the 1/8/2015 lumbar epidural injection. The patient is intolerant with the adverse effects of the current medications. The criteria for fluoroscopic guided Right L5-S1 transforaminal epidural steroid injection under iv sedation with Epidurogram was met.

### **Left L5-S1 transforaminal epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consisted with lumbar radiculopathy. There is documentation of sustained pain relief and functional restoration associated with the 1/8/2015 lumbar epidural injection. The patient is intolerant with the adverse effects of the current medications. The criteria for fluoroscopic guided Left L5-S1 transforaminal epidural steroid injection under IV sedation with Epidurogram was met.

### **Moderate sedation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consisted with lumbar radiculopathy. There is documentation of sustained pain relief and functional restoration associated with the 1/8/2015 lumbar epidural injection. The patient is intolerant with the adverse effects of the current medications. The criteria for fluoroscopic guided L5-S1 transforaminal epidural steroid injection under Moderate IV sedation with Epidurogram was met.

**Fluoroscopic guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consisted with lumbar radiculopathy. There is documentation of sustained pain relief and functional restoration associated with the 1/8/2015 lumbar epidural injection. The patient is intolerant with the adverse effects of the current medications. The criteria for fluoroscopic guided L5-S1 transforaminal epidural steroid injection under IV sedation with Epidurogram was met.

**Epidurography:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consisted with lumbar radiculopathy. There is documentation of sustained pain relief and functional restoration associated with the 1/8/2015 lumbar epidural injection. The patient is intolerant with the adverse effects of the current medications. The criteria for fluoroscopic guided Right L5-S1 transforaminal epidural

steroid injection under iv sedation and Epidurography was met.