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| <b>Case Number:</b>   | CM15-0118524 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 07/23/2007 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2015 |

### 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

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 53 year old female who sustained an industrial injury on 7/23/07. The mechanism of injury was unclear. She currently complains of severe pain in the back with numbness and tingling radiating down both legs. Her pain level is 7/10. She has difficulty performing activities of daily living such as household chores. Medications are methotrexate, Soma, Gralise, hydrocodone-acetaminophen, Reglan, Motrin, trazadone, Xanax, bupropion, Zorvolex. Diagnoses include rheumatoid arthritis; lumbar spine pain; degenerative disc disease of the lumbar spine; sciatica. Treatments to date include medications; back support brace; transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the lumbar spine (2/27/15) showing degenerative disc disease, retrolisthesis and desiccation; lumbar x-ray (no date) showing spondylosis. In the progress note dated 5/12/15 the treating provider's plan of care requests epidural injection X1 with fluoroscopy, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection x 1 with fluoroscopy, lumbar spine QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific correlating neurological deficits or remarkable diagnostics with clinical findings to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Epidural injection x 1 with fluoroscopy, lumbar spine QTY: 1.00 is not medically necessary and appropriate.