

<b>Case Number:</b>	CM15-0177333		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

This is a 58 year old female with a date of injury of December 13, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, cervical post laminectomy syndrome, disorders of the sacrum, and sciatica. Medical records dated June 18, 2015 indicate that the injured worker complained of lower back pain with radiation of pain and numbness into the lateral aspect of the right lower extremity to the knee, constant neck pain with intermittent radiation into the bilateral cervicobrachial region, and intermittent numbness and tingling in the upper extremities. A progress note dated July 23, 2015 documented complaints of increased pain in the neck and lower back, lower back pain radiation of pain and numbness along the lateral aspect of the right lower extremity, increased stiffness of the neck, and more difficulty turning her head to the right. The physical exam dated June 18, 2015 reveals normal muscle tone without atrophy in all extremities, full strength of the lower extremities, spasm and guarding of the lumbar spine, and spasm and hypertonicity in the cervical paraspinal and upper trapezius musculature right greater than left. The progress note dated July 23, 2015 documented a physical examination that showed no changes since the examination performed on June 18, 2015. Treatment has included medications (Naproxen 550mg since at least April of 2015; Ambien 5mg, Cyclobenzaprine 7.5mg prescribed in July of 2015), cervical spine fusion, at least twelve sessions of chiropractic treatment, at least six sessions of physical therapy, and magnetic resonance imaging of the lumbar spine (March 13, 2012) that showed a chronic L1 compression fracture with mild L1-2 retrolisthesis, L4-5 mild central and left paracentral disc protrusion, and L5-S1 minimal annular disc bulging and osteophytic ridging causing asymmetric

left lateral recess and left neural foraminal stenosis. The original utilization review (August 21, 2015) non-certified a request for lumbar epidural steroid injection at L4-5.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar epidural steroid injection L4-5 with epidurogram under fluoroscopic guidance and IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**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 neurological deficits or remarkable diagnostics 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 Lumbar epidural steroid injection L4-5 with epidurogram under fluoroscopic guidance and IV sedation is not medically necessary and appropriate.