

<b>Case Number:</b>	CM15-0025931		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 56-year-old male who sustained an industrial injury on 4/26/11 involving his low back and documentation indicates back injury times two. He complains of hand pain. Medications include gabapentin, naproxen, omeprazole, Tramadol. Urine toxicology screen dated 12/17/14 was inconsistent with currently prescribed medications. Diagnoses include lumbar disc disease, treated with injections; right hand Dupuytren contracture, covered in a second workers compensation claim. Treatments to date include physical therapy, which made him worse; transforaminal injections with no benefit; chiropractic care. Diagnostics include abnormal MRI of the lumbar region. On 2/2/15 Utilization Review non-certified the request for Epidural Steroid Injection: L3-4 under Fluoroscopic Guidance and Epidural Steroid Injection: L4-5 under Fluoroscopic Guidance citing MTUS: Chronic pain Medical treatment Guidelines: Epidural Steroid Injection and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection: L3-L4 Under Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

**Decision rationale:** The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. Therefore, this has been found as not medically necessary.

**Epidural Steroid Injection:L4-L5 Under Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

**Decision rationale:** The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. Therefore, this has been found as not medically necessary.