

<b>Case Number:</b>	CM14-0141659		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 55 year old female with a history of multiple work-related injuries. On 10/31/13 the injured worker lost her balance and fell while attempting to move a heavy box. It is reported that she experienced pain in the bilateral shoulders, arms and hands which had worsened over time. The injured worker did not report these symptoms until an altercation terminated her employment on 02/18/14, also submitted as date of injury for this review. An electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities dated 02/28/14 is significant for evidence of an axonal peroneal motor peripheral neuropathy which reportedly may be secondary to the diabetic neuropathy. An MRI of the lumbar spine dated 05/23/14 is significant for indentation of the anterior portion of the lumbosacral sac at L2-3 and indentation of the anterior portion of the lumbosacral sac at L4-5. At L5-S1, a posterior bulge indents the anterior portion of the lumbosacral sac. Neural foramina are patent at each level. The injured worker is diagnosed with sprains/strains of the cervical spine, thoracic spine and right hip. Records indicate treatment has consisted of physical therapy and medications. The initial orthopedic consultation was noted on 07/09/14 which reports, complains of constant low back pain rated at a 5-6/10 radiating to the left lower extremity. Physical examination reveals lumbar ROM to be 50 flexion, 20 extension, 30 right and left lateral bending. Straight leg raise (SLR) is positive at 75 bilaterally and is noted to elicit pain in the L5-S1 dermatomal distribution. Reflexes are 2+ at the bilateral knees and 1+ at the bilateral ankles. Upon palpation, tightness and spasm is noted about the paraspinal musculature. There is hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L5 and S1 distributions bilaterally. There is weakness in the bilateral big toe dorsiflexors and big toe plantar flexors. There is SI joint tenderness on the right. This note includes a request for lumbar epidural

steroidal injection (ESI) at L4-5 and L5-S1 with epidurogram, which was denied in a prior Utilization Review dated 08/11/14.

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

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

#### **1 lumbar epidural based steroid therapeutic PM procedure at L4-L5, L5-S1 with epidurogram: 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(s): 46 of 127.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states criteria for the use of ESIs includes objective evidence of an active radiculopathy upon physical examination which must be corroborated by imaging studies and/or electrodiagnostic testing. There should also be documented failure to respond to conservative treatment such as physical therapy and medications. The records submitted for review indicate that the injured worker participated in physical therapy but do not describe the injured worker's response to this treatment. There is no physical therapy notes submitted for review. Records indicate the injured worker is able to obtain improvement with medication usage. The submitted MRI did not reveal clear evidence of nerve root compression or compromise and the submitted EMG/NCV did not reveal evidence of an active radiculopathy. Current evidence based guidelines do not support the use of epidurograms for epidural steroid injections and state that these procedures (ESIs) should be performed under fluoroscopic guidance. Based on the clinical information provided, medical necessity of a lumbar epidural based steroid therapeutic procedure at L4-L5 and L5-S1 with epidurogram is not established.