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| <b>Case Number:</b>   | CM13-0023308 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 01/08/2013 |
| <b>Decision Date:</b> | 02/14/2014   | <b>UR Denial Date:</b>       | 08/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 patient is a 35 year old male with a date of injury of 01/08/2013. The progress report dated 08/05/2013 by [REDACTED] indicates that the patient's diagnoses include: i;§ Right lumbar radiculopathy with L4-L5 disc disease. i;§ Left Bell's palsy. The patient continues with lumbar spine pain and tenderness with referred back pain and left greater than right straight leg raise on exam. It was noted that the patient had improvement in strength in his right extensor hallucis longus. It was noted that the patient had undergone 2 epidural steroid injections and the patient reported sustained improvement in pain and activity. The patient was requesting a third injection as he was fearful that the pain would return. He has improvement in strength and diminished sciatic nerve root tension test on examination. The utilization review letter dated 08/22/2013 stated that the patient had undergone right L4-L5 transforaminal epidural steroid injections on 04/15/2013 and 06/10/2013. The request for a third injection was denied as there was no documentation of an extenuating circumstance to go outside the MTUS Guidelines which recommends no more than 2 epidural injections. There was also a request for a functional capacity evaluation which was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 epidural injection QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46-47.

**Decision rationale:** The patient continues with low back pain with symptoms of radiculopathy into the right lower extremity. He has had 2 previous epidural steroid injections this year with some amount of functional improvement; the amount of improvement was not well documented. MTUS pages 46- 47 regarding epidural steroid injections states that current research does not support a series of 3 injections and either the diagnostic or therapeutic phase. MTUS also states that the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The treating provider does not include documentation of at least 50% relief for 6 to 8 weeks with associated decrease in medication use. Therefore, recommendation is for denial.

**Functional Capacity evaluation QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 376.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137,139.

**Decision rationale:** A request was made for a Functional Capacity Evaluation (FCE). It appears the patient reports there are no modified duties available as a correctional officer and he is unable to return to his occupation. Therefore, a request was made for functional capacity evaluation. ACOEM Guidelines page 137, 139 state that functional capacity evaluations may be ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. However, ACOEM also states that examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The treating provider does not document any rationale in regards to why a functional capacity evaluation is crucial at this time. It is not explained what FCE will accomplish in terms of facilitating this patient's return to work when modified work is not available. The physician should be able tell whether or not the patient is fit for return to full duty. Therefore, recommendation is for denial.