

<b>Case Number:</b>	CM13-0035189		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine, Rehabilitation, and Pain Management 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural with catheter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient presents with continued low back pain. Treater is requesting a caudal ESI at the L5 nerve root as the patient describes left leg L5 sensory changes. The MTUS Guidelines recommends ESI when radiculopathy is documented via examination and imaging. In this case, the treater indicates that the patient has left calf pain. However, the location of pain is through posterior thigh/calf, which

is an S1 nerve distribution. The treater is requesting an L5 level injection to coincide with prior L5-S1 spondylosis. The patient does not present with dermatomal distribution of the pain that would corroborate the MRI findings. There are no EMG results confirming radiculopathy either. Recommendation is for denial.

**Unspecified trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 122.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with continued low back pain. Treater is requesting trigger point injections. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, on examination, there is no documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." Furthermore, patient's prior injection was noted to have lasted for 2 weeks, and the percentage of pain relief was not noted. MTUS Guidelines recommends greater than 50% relief obtained for 6 weeks for a repeat injection to be warranted. Recommendation is for denial.

**CBC w/differential, Chem 20, urine drug screen, urinalysis, TSH, EIA 9, Chem 20 and free testosterone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical practice standard of care for medical necessity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://pro.psychcentral.com/2013/laboratory-monitoring-when-prescribing-psychotropics/003425.html>

**Decision rationale:** The Physician Reviewer's decision rationale: The patient presents with continued low back pain. The treater is requesting a CBC with differential, UA, urine drug screen, chem-20, EIA 9, TSH, and free testosterone. Utilization review dated 10/02/2013 denied request stating, "There is no documented clearly stated rationale identifying why laboratory results are needed." The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testings. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS

Guidelines states monitoring of CBC is recommended when patient is taking NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab test after this treatment duration has not been established." In this case, the medical records show that the patient's medication regimen includes Norco, gabapentin, Prozac, and bupropion. The patient is not taking any NSAIDs warranting a routine CBC testing. Gabapentin and anti-depressants such as Prozac and Bupriopion also do not require CBC laboratory testing. Recommendation is for denial.