

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0046025 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 09/20/2012 |
| <b>Decision Date:</b> | 03/20/2014   | <b>UR Denial Date:</b>       | 10/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2013 |

### 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 Family Medicine 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 25-year-old male, with a date of injury of September 20, 2012. He works as a driver and loader for the [REDACTED]. He complained of low back pain after lifting a heavy container. The lumbar spine MRI on November 9, 2012 revealed: (1) 3-4 mm central disc protrusion at the L3-4 level. The bilateral neural foramina are normal. There is no evidence of canal stenosis. Bilateral hypertrophic facet degenerative changes are seen; (2) There is a 2mm bulge at the L4-L4 level, causing no significant neural foraminal narrowing or canal stenosis; and (3) Degenerative disc disease at L3-L4. On January 2, 2013, a caudal epidural and L3-4 bilateral facet injection was performed under fluoroscopic guidance by [REDACTED]. On January 15, 2013, [REDACTED] noted only a few days of improvement from the previous procedure and recommended L3-4 discectomy. The initial evaluation on October 4, 2013, by [REDACTED] revealed 5/5 strength in ankle plantar flexion and dorsiflexion, and negative straight leg raises (SLR). The recommendations included: epidural steroid injection, medications, agreed medical exam/qualified medical exam (AME/QME) and functional capacity evaluation (FCE). The patient will remain on modified duty less than 10 pounds for two months. The report further goes on to state that the patient has two level degenerative disc disease (DDD) and mechanical low back pain (LBP), and feels further injections at the spine are not efficacious and he would prefer a rehabilitation program. He was deemed maximum medical improvement (MMI). [REDACTED] also noted on the October 4, 2013 report, that the patient has been off work for one year and is a student. On October 21, 2013, the utilization review recommended to non-certify the lumbar epidural steroid injection (LESI) and FCE. The LESI was non-certified due to lack of radiculopathy, lack of benefit from previous injection, and the patient not wishing to pursue this course of treatment. The FCE was non-certified as there was no indication of prior unsuccessful attempts to return to modified or full duty, the documentation did not indicate complexities in the

patient's case management and while according to the provider the patient has reached MMI, other key medical records were not yet in place. The November 6, 2013 report by [REDACTED] noted that the patient is permanent and stationary. He is unable to lift greater than 25 pounds. He was given permanent restrictions and was returned to modified duty. An exam revealed decreased sensation at L3-4 and tenderness.

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

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

#### **Lumbar epidural steroid injection at two (2) levels between 10/18/2013 and 12/02/2013:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45,46.

**Decision rationale:** The Chronic Pain Guidelines indicate that for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no evidence of neural foraminal stenosis, central stenosis, or lateral recess stenosis on MRI. Furthermore, clinical findings on physical examination are not consistent with an objective focal neurologic deficit in a dermatomal or myotomal pattern to support an epidural steroid injection. The guidelines also indicate that in 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 six to eight (6-8) weeks. In this case, a prior epidural steroid injection provided minimal relief, and in fact, due to the lack of efficacy, surgical intervention was recommended. Given this factor, the request for lumbar epidural steroid injections at two (2) levels is not medically necessary.

#### **A functional capacity examination between 10/18/2013 and 12/02/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Fitness for Duty Chapter, Procedure Summary, Functional capacity evaluation (FCE)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7, page(s) 137-138, and the Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluati

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that analyzing the opinion about current work capability and, if requested, the current objective functional capacity of the examinee, among other factors, should enable the examiner to make a full assessment of

diagnostic accuracy, work-relatedness, testing and treatment appropriateness, level of function, physical or psychological impairment, and motivation to return to work. In this case, it is not clear that the patient is intending to return to work. The October 4, 2013 report states that the patient has been off work for one (1) year and is currently a student. The Official Disability Guidelines indicate that a functional capacity examination (FCE) may be considered if there has been prior unsuccessful return to work attempts. In this case, the medical records do not establish the patient's inability to transition through a graded return to work, which would be job specific and would assist in the rehabilitative process. For these reasons, the request for functional capacity evaluation is not medically necessary.