

<b>Case Number:</b>	CM13-0053655		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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, 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 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 patient is a 34 year old with an injury date on 4/25/11. Patient complains of left shoulder pain radiating to arm with tingling, constant cervical pain that is described as stabbing, tingling, and has constant left upper and left lower lumbar pain radiating down to her left lower extremity with tingling, pain rated 3/10 per 10/25/13 report. Patient states that lumbar support, TENS unit, and cold/hot therapy has been temporarily helpful, but recent pain levels have increased per 10/25/13 report. Patient is taking no medications per 10/25/13. Based on the 10/25/13 progress report provided by [REDACTED] the diagnoses are displacement of lumbar intervertebral disc without myelopathy, L4-5, L5-S12, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbosacral or lumbar intervertebral disc, L5-S14, Spinal stenosis of unspecified region, L4-55; Lumbar facet joint hypertrophy, L4-5, L5-S16; dysthymic disorder; insomnia, unspecified, and asthma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (LESI) at L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** This patient presents with left shoulder pain, neck pain, and upper/lower back pain. The treater has asked for outpatient diagnostic lumbar epidural steroid injection on 10/25/13 at "L4-5 and L5-S1." Review of the reports do not show any evidence of epidural steroid injections being done in the past. An L-spine MRI on 8/13/11 showed a protrusion of 2mm at L4-5 and a protrusion of 3mm at L5-S1. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, patient exhibits lumbar pain with radicular pain, has been unresponsive to conservative treatment (home exercise, physical therapy, NSAIDs) for 4-6 weeks prior to the exam. However, MRI only shows 2-3mm protrusion that would not explain the patient's radicular symptoms. MTUS require corroboration by an imaging study potentially explaining radiculopathy. Furthermore, the treater has asked for "diagnostic" injections but does not specify which side, and at multiple levels which would not yield much diagnostic information. Recommendation is for denial.

**Lumbar facet joint block at L3-L4, L4-L5, and L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** This patient presents with left shoulder pain, neck pain, and upper/lower back pain. The provider has asked for outpatient lumbar facet joint block at L3-S1 one outpatient internal medicine specialist on 10/25/13. Regarding facet injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the request is for 3 levels, and ODG only allows 2 levels. In addition, there is documentation of radicular pain and ODG does not recommend facet diagnostic blocks when radicular findings are present. Recommendation is for denial.

**Internal medicine specialist consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (CHAPTER 7), 2004, 2ND EDITION

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127, Regarding consultations

**Decision rationale:** This patient presents with left shoulder pain, neck pain, and upper/lower back pain. The provider has asked for outpatient internal medicine specialist on 10/25/13. Regarding consultations, ACOEM states that the occupational health practitioner may refer to

other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the provider does not explain why an internal medicine consultation is needed. The medical need for this consultation is not established and recommendation is for denial.