MAXIMUS Federal Services

| Case Number: | CM14-0000308 | | |
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| Date Assigned: | 01/17/2014 | Date of Injury: | 08/07/2012 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

## 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 & Rehabilitation, 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 injured worker is a 31 year old female who reported an injury on 08/07/2012. The mechanism of injury was a fall, injuring her right arm and twisting her back. Within the clinical note dated 01/06/2012, the injured worker complained of constant pain to her lower back, traveling to the bilateral buttocks and bilateral legs, right more than left, posteriorly to the plantar portion of the feet, which was described as aching, sharp and shooting. The injured worker's pain was rated at 7/10. The injured worker noted occasional numbness and tingling of her right leg, along with weakness in her legs. The injured worker complained of difficulty falling asleep due to pain. She reported headaches, symptoms of anxiety due to pain or loss of work, symptoms of depression due to pain or loss of work, weight gain, decreased muscle mass and strength, decreased energy levels, and numbness with pain described as tingling with pain. The pain was aggravated by prolonged sitting, prolonged standing, prolonged walking, repetitive bending, repetitive neck bending, repetitive stooping, repetitive kneeling, repetitive squatting, repetitive overhead reaching, repetitive twisting, repetitive lifting, repetitive carrying, pulling, pushing, climbing, lifting heavy objects, and cold weather. The injured worker has undergone acupuncture once a week along with the use of a lumbar support. On 12/19/2013, the injured worker underwent a diagnostic lumbar epidural injection, which decreased pain from an 8 constant to a 0 to 1, which lasted 3 days. The epidural steroid injections helped to restore her ability to function to the low back. The injections did not reduce the injured worker's leg pain. The injured worker reported that the lumbar epidural steroid injection improved her ability to perform her activities of daily living. Upon the physical examination, the provider noted that the Kemp's test was positive on both sides. The provider noted the injured worker had positive bilateral straight leg raise at 45 degrees with referred pain to the lower back and right buttocks to the posterior thigh. The provider recommended that the injured worker undergo a lumbar

epidural steroid injection at L4-5 and L5-S1 as a series of 3 to reduce radicular pain along with clearance from an internal medicine specialist prior to proceeding with the procedure. Additionally, the provider recommended that the injured worker undergo a psychological evaluation to determine if the patient was sufficiently stable and secure emotionally to undergo the procedure. The Request for Authorization was not provided in the clinical documentation submitted.

## 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 L4-L5 AND L5-S1, SERIES OF 3, BILATERAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- ESI's, ,

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

**Decision rationale:** The injured worker complained of constant pain in her lower back traveling to her bilateral buttocks and bilateral legs, right more than left posteriorly to the plantar portion of the feet, which is described as aching, sharp and shooting. The injured worker reported pain rated at a 7/10. There was documentation of occasional numbness and tingling in the right leg, along with weakness in the legs, with a positive straight leg raise. The injured worker has previously undergone a lumbar epidural steroid injection dated 11/19/2013 with a reduction of pain rated at an 8/10 to a0-1/10 which lasted for 3 days. The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The MTUS Chronic Pain Guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. The MTUS Guidelines note, if epidural steroid injections are used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first blocks; diagnostic blocks should be at an interval of at least one to two weeks The current research does not support a "series of 3" injections in either the diagnostic or the therapeutic phase. There was a lack of imaging studies, to corroborate the diagnosis of radiculopathy. There was a lack of documentation indicating the injured worker to have been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs and muscle relaxants. The injured worker has previously undergone a lumbar epidural steroid injection. Additionally, the MTUS Chronic Pain Guidelines do not support a series of 3 injections in either the diagnostic or the therapeutic phase the request submitted indicated a series of 3. There was lack of documentation of significant findings of radiculopathy in the clinical documentation submitted. Therefore, the request is not medically necessary and appropriate.

**INTERNAL MEDICINE CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PSYCHOLOGICAL EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS GUIDELINES 2009, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.