

<b>Case Number:</b>	CM14-0102035		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 22 year old man involved in a work related injury from 5/1/13. The injured worker sustained a cervical, lumbar and bilateral shoulder injury. The injured worker was seen by a pain management physician in 12/13 noting ongoing neck pain and back pain, which radiated to the feet. A recommendation was made for lumbar epidural injections along with facet injections. The injured worker received lumbar epidural steroid injection (ESI) in 2/14. The request is made for additional lumbar epidural steroid injection (ESI), along with facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second diagnostic lumbar epidural steroid injection at disc levels L4-L5 and L5-S1:**  
Upheld

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

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

**Decision rationale:** The injured worker had an epidural steroid injection in 2/14. Reports indicate that the injured worker had good pain relief for about 2 weeks. He increased his

functional abilities, but the physician did not detail this in any way. There was also no indication that the injured worker reduced his intake of medications. Therefore, the MTUS clinical guidelines are not met for repeat injections, which require documentation of improvement of at least 50% for 6 to 8 weeks. Therefore, the request is not medically necessary.

**Lumbar facet joint block at the medial branch at levels L3-L4, L4-L5 and L5-S1 bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low back: Facet joint diagnostic Blocks (injections)

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

**Decision rationale:** Clinical guidelines for lumbar facet injections note that these injections are to be limited to "injured workers with low back pain that is non-radicular." In this setting, the injured worker has radicular pain from the back, radiating to the lower extremities. The presence of this active radiculopathy, therefore, is a disqualifier to the injured worker's having lumbar facet injections. Given this, the request is not medically necessary per ODG.

**Psychological evaluation (prior to procedure):** Upheld

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

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

**Decision rationale:** According to the evidence based guidelines, there are certain instances, such as when an injured worker is going to have a spinal cord stimulator or lumbar fusion, in which a psychological evaluation is appropriate. The injured worker is having an ordinary epidural injection. There is no indication for such an evaluation. There is no indication that the injured worker is having any serious psychological condition which could be affected by this injection. The injured worker also has had prior injection treatment with no adverse psychological outcomes. Given this, the request is not medically necessary per MTUS Guidelines.

**Clearance form an internal medicine specialist prior to proceeding with the procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem: Independent Medical Examinations and Consultations regarding Referrals

**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(s) 127

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) notes from time to time that the physician must consult with colleagues about a particularly complex case. There are also instances in which an injured worker requires medical clearance to make sure he/she is healthy enough to undergo a procedure. This is typically reserved for complex surgical procedures. In this instance, this injured worker is with no significant identified co-morbidities or medical conditions and was going to have an ordinary injection. The idea that medical clearance is needed for this procedure is without medical foundation and is not medically necessary.