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| <b>Case Number:</b>   | CM14-0010345 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 08/04/2012 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/24/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 67-year-old female with an 8/4/12 date of injury. She was seen on 12/11/13 with complaints of ongoing low back pain with lower extremity radiation bilaterally. Exam findings revealed L spine tenderness, no strength of neurological focal deficits. A prior epidural from 02/2013 was noted to result in short term relief for 1-2 weeks. 10/2012: bilateral facet hypertrophy from L3/4 to L5/S1. Neural foraminal narrowing mild on the left and moderate on the right at L4/5. Treatment to date: acupuncture, physical therapy, medication, chiropractic therapy, trigger point injections, epidurals, facet injections. The UR decision dated 12/20/13 denied the request for an L4 epidural injection given a prior injection from 2/2013 resulted on 1-2 week of pain relief. A follow up injection was not certified based in the fact that the epidural has not resulted in sustained relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPDIRUAL STEROID INJECTIONS (ESIs Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines CA MTUS 9792.24.2. (Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. There were no exam findings consistent with radiculopathy. In addition, a prior injection from 2/2013 revealed 1-2 weeks of pain relief. Thus, MTUS criteria for a repeat injection have not been met. Therefore, with regard to the request for a bilateral L4 transforaminal epidural steroid injection, the request as submitted was not medically necessary.

**FOLLOW-UP VISIT AFTER INJECTION:** 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 Pain Chapter Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Office Visits.

**Decision rationale:** The MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The request for the epidural injection has not been deemed medically necessary, therefore, the request for a follow up visit following the epidural injection was also not medically necessary.