

<b>Case Number:</b>	CM14-0013459		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 29-year-old female who has filed a claim for lumbar radiculopathy associated with an industrial injury date of October 08, 2012. Review of progress notes indicates pain in the low back radiating to the buttocks, poor sleep quality, and symptoms of anxiety and depression. Findings include tenderness over the paraspinals and L4-5 and L5-S1 facet joints, decreased lumbar range of motion, positive toe walk on the left, positive sciatic tension on the left, positive straight leg raise test on the left, decreased ankle reflex on the left, and motor deficit of the plantar flexor on the left. MRI of the lumbar spine dated November 19, 2012 showed broad-based disc protrusion at L5-S1 without effacement of the thecal sac, and unremarkable L5 exiting nerve roots. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, sedatives, acupuncture, chiropractic therapy, and physical therapy. Utilization review, date unspecified, denied the retrospective requests for lumbar epidural steroid injection at L5-S1 as there was no diagnostic confirmation of radiculopathy; lumbar facet joint block at L4-5 and L5-S1 bilaterally rhizotomy as there are findings consistent with radiculopathy; clearance from internal medicine physician, pre-operative services, and psychological evaluation as these are not necessary prior to performing office-based procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE 1 LUMBAR EPIDURAL STEROID INJECTION AT L5-S1 BETWEEN 6/26/2013 AND 7/29/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. In this case, although the patient presents with symptoms and findings suggestive of radiculopathy, there are no imaging studies or electrodiagnostic results showing nerve root pathology to support this request. Also, the patient reports improvement with physical therapy, acupuncture, chiropractic therapy, and medications. Therefore, the retrospective request for lumbar epidural steroid injection at L5-S1 between 06/26/2103 and 07/29/2013 is not medically necessary and appropriate.

**RETROSPECTIVE 1 LUMBAR FACET JOINT BLOCK AT L4-L5& L5-S1 BILATERALLY RHIZOTOMY BETWEEN 6/26/2013 AND 7/29/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS (ODG) Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

**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 chapter, Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, the patient presents with findings suggestive of lumbar radiculopathy. Therefore, the retrospective request for lumbar facet joint block at L4-5 and L5-S1 bilaterally rhizotomy between 06/26/2013 and 07/29/2013 is not medically necessary and appropriate.

**RETROSPECTIVE 1 CLEARANCE FROM INTERNAL MEDICINE PHYSICIAN BETWEEN 6/26/2013 AND 7/23/2013: Upheld**

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

**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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.; Official Disability Guidelines (ODG) Low Back chapter, Preoperative testing, general; Preoperative electrocardiogram (ECG).

**Decision rationale:** As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, 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. ODG states that pre-op electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, there is no documentation that this patient has cardiovascular disease or symptoms referable to the cardiovascular system. There is no documentation of an intermediate- or high-risk surgical procedure. The patient is to undergo office-based procedures, which includes lumbar epidural steroid injection. There is no indication for an internal medicine clearance at this time. Therefore, the retrospective request for clearance from internal medicine between 06/26/2103 and 07/23/2013 is not medically necessary and appropriate.

**RETROSPECTIVE 1 PER-OPERATIVE THROUGH PRIMARY TREATING PHYSICIAN BETWEEN 6/26/2013 AND 6/26/2013: Upheld**

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

**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 chapter, Preoperative testing, general.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, there is no indication for pre-operative services for outpatient services such as lumbar epidural steroid injections. Also, the patient does not have a history of medical illness to support this request. Therefore, the retrospective request for pre-operative through primary treating physician 06/26/2103 is not medically necessary and appropriate.

**RETROSPECTIVE 1 PSYCHOLOGICAL EVALUATION BETWEEN 6/26/2013 AND 6/26/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. In this case, progress notes report that patient suffers from depression, anxiety, and irritability. In this case, there is no documentation describing the patient's psychological symptoms, or of a therapeutic trial of medications. Therefore, the retrospective request for psychological evaluation 06/26/2013 is not medically necessary and appropriate.