

<b>Case Number:</b>	CM14-0120584		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Orthopedic Spine Surgeon 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 56-year-old male who reported a repetitive strain injury on 09/06/2011. The current diagnosis is lumbar radiculopathy. The injured worker was evaluated on 04/25/2014 with complaints of lower back pain and right lower extremity pain. The previous conservative treatment is noted to include physical therapy, medication, bracing, acupuncture, and H wave stimulation. Physical examination revealed mild distressed, positive straight leg raising on the right, painful range of motion, SI joint tenderness, paravertebral tenderness over the lumbar facet joints on the right, and positive Patrick's testing. Treatment recommendations at that time included a urine drug screen and an epidural steroid injection. The injured worker is noted to have undergone an MRI of the lumbar spine on 01/04/2014, which indicated disc herniation with spinal canal and bilateral neural foraminal narrowing at L4-5 and L5-S1. There was no Request for Authorization form submitted on the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LESI (Lumbar Epidural Steroid Injection) at L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back - Lumbar and Thoracic (Acute and Chronic) Chapter, Criteria for the use of Epidural Steroid Injections

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker has been previously treated with physical therapy, medication, acupuncture, bracing and H wave stimulation. However, the injured worker's physical examination only revealed positive straight leg raising with no indication of motor or sensory deficits. Therefore, the current request is not medically appropriate at this time.

**Facet injection at L4-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back - Lumbar and Thoracic (Acute and Chronic) Chapter, Facet Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

**Decision rationale:** The California MTUS Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. Therefore, the injured worker does not currently meet criteria for the requested procedure. The injured worker maintains a diagnosis of lumbar radiculopathy. The injured worker presents with complaints of persistent lower back pain with numbness, tingling and weakness in the lower extremities. As such, the request is not medically appropriate.

**Postoperative physical therapy, 3 times a week for 3 weeks, QTY: 9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back - Lumbar and Thoracic (Acute and Chronic) Chapter, Aerobic Exercise

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines state post injection treatment includes 1 to 2 visits over 1 week. The

current request would exceed guideline recommendations. The injured worker's injection procedure has not been authorized; therefore, the request is not medically necessary at this time.

**Laboratory blood testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food and Drug Administration) Medication Guide, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** The California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The specific type of laboratory testing was not listed in the request. As such, the request is not medically appropriate.

**Urinalysis laboratory test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicine Plus Medical Encyclopedia

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines recommend urine drug testing as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. As such, the request is not medically appropriate.