

<b>Case Number:</b>	CM14-0152994		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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 33-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of 04/09/2012. Medical records from 12/17/2013 to 08/28/2014 were reviewed and showed that patient complained of low back pain (pain scale grade unavailable) radiating down the lower extremities. Physical examination revealed decreased lumbar ROM, weakness of big toe plantar and dorsiflexors, hypoesthesia along L5 and S1 dermatomes bilaterally, and positive SLR tests bilaterally. MRI of the lumbar spine dated 12/17/2013 revealed mild right L5 nerve compression. Treatment to date has included bilateral L3-S1 ESI (03/08/2014), physical therapy, and pain medications. Of note, the patient reported over 50% improvement for a month and a half (05/22/2014) with reduction of pain medications. There was no objective documentation of functional outcome with ESI, physical therapy, and pain medications. Utilization review dated 09/08/2014 denied the request for lumbar epidural steroid injection at bilateral L4-L5 and L5-S1 because there was no clear focal neurologic deficit upon physical examination. Utilization review dated 09/08/2014 denied the request for preoperative complete blood count and complete metabolic panel because there was no identification of liver disease or any illness that would affect coagulation.

### 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 BILATERAL L4-L5 AND L5-S1:**  
Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, patient complained of low back pain radiating down lower extremities. Physical findings include weakness of big toe plantar and dorsiflexors, hypoesthesia along L5 and S1 dermatomes bilaterally, and positive SLR tests bilaterally. The patient's clinical manifestations were inconsistent with focal neurologic deficit to suggest the presence of radiculopathy. MRI of the lumbar spine was done on 12/17/2013 with findings of mild right L5 nerve compression. However, objective findings were incongruent with results of imaging studies to support ESI. Of note, the patient had previous bilateral L3-S1 ESI with subjective statement of pain relief over 50% for a month a half. However, there was no objective documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks as required by the guidelines to support repeat ESI. Moreover, there was no objective documentation of functional outcome with physical therapy and pain medications to indicate treatment failure. The request likewise failed to specify if ESI would be done under fluoroscopic guidance as recommended by the guidelines. Therefore, the request for Lumbar Epidural Steroid Injection at Bilateral L4-L5 and L5-S1 is not medically necessary.

**PREOPERATIVE COMPLETE BLOOD COUNT AND COMPLETE METABOLIC PANEL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The dependent request, Lumbar Epidural Steroid Injection at Bilateral L4-L5 and L5-S1, was deemed not medically necessary. Therefore, the request for Preoperative Complete Blood Count and Complete Metabolic Panel is not medically necessary.

**PREOPERATIVE PARTIAL THROMBIN TIME AND PROTHROMBIN TIME TESTS WITH INTERNATIONAL NORMALIZED RATIO: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The dependent request, Lumbar Epidural Steroid Injection at Bilateral L4-L5 and L5-S1, was deemed not medically necessary. Therefore, the request for Preoperative Partial Thrombin Time and Prothrombin Time Tests with International Normalized Ratio is not medically necessary.