

<b>Case Number:</b>	CM14-0021271		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 injured worker is a 32 year old male who sustained an injury on 05/09/12 when a box of license plates struck him on the top of the right foot causing him to fall. The injured worker developed complaints of pain in the right ankle and foot that was persistent. Previous MRI of the lumbar spine from November of 2012 noted degenerative disc disease in the lumbar spine with a noted 20% anterior wedge deformity of L1. The injured worker was seen by a treating physician on 10/16/13 for pain management consult. The injured worker indicated that he continued to have complaints of low back pain radiating to the lower extremities. Prior treatment included right ankle surgical intervention followed by lumbar sympathetic nerve blocks. The injured worker continued to report consistent complaints of pain in the shoulders low back ankle and foot. On physical examination there were positive facet signs bilaterally in the lumbar spine. There was also a sensory deficit in the medial hip and anterior upper thigh to the right side. Motor deficits were present on right hip flexion to the right side bilaterally and some loss of strength in the left hip on adduction. Tenderness to palpation in the lumbar spine was noted. Recommendations at this evaluation were for epidural steroid injections at L1-2 and lumbar facet joint blocks from T12 to L2 to determine if rhizotomy would be beneficial for the injured worker. Recommendations were for clearance from internal medicine specialist prior to the requested procedures. The injured worker was recommended for psychological evaluations prior to the procedures. A follow up with the same treating specialist on 11/05/13 noted no significant changes in symptoms. Physical examination findings remained unchanged. Blood samples were drawn for laboratory testing including complete blood count (CBC), A1C and complete metabolic panel (CMP). The injured worker received electro shockwave therapy in 11/13. The injured worker received epidural percutaneous neuroplasty of the nerve roots bilaterally at T12-L1 and L2 on 11/25/13. The injured worker was seen again on 11/25/13 with continuing

complaints of pain in the shoulders upper back low back hips thigh ankle and feet. Physical examination findings were unchanged in comparison to prior evaluations by treating physician. The injured worker was again recommended for epidural steroid injections at T12-L1 and L1-2. Follow up visit on 01/08/14 noted persistent complaints of pain unchanged in comparison to prior evaluations done by the same treating physician. The injured worker reported some initial benefits from physiotherapy and acupuncture however the injured worker continued to report increasing pain scores. Physical examination findings were again unchanged at this evaluation. Epidural steroid injections were again recommended at this evaluation in addition to lumbar facet joint blocks to determine the need for rhizotomy. Pre-procedure testing was recommended. The injured worker reported difficulty sleeping and anxiety. Recommendations were for testing for free and total testosterone and Thyroid Stimulating Hormone (TSH) and sex hormone-binding globulin (SHBG). The injured worker was recommended for MRI of the thoracic spine without contrast. The requested lumbar therapeutic epidural steroid injections and lumbar facet joint blocks from T12 to L2 with pre-procedure clearance from an internal medicine specialist, pre-procedure psychological evaluation, and laboratory testing including free and total testosterone, SHBG, TSH, thyroid function testing, and MRI of the thoracic spine were not recommended by utilization review on 01/24/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THERAPEUTIC LUMBAR EPIDURAL STEROID INJECTION: Upheld**

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

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

**Decision rationale:** In regards to the request for lumbar epidural steroid injections, the clinical documentation submitted for review noted minimal response to previous epidural steroid injections in December of 2013. Given the lack of any clinical response to previous epidural steroid injections further epidural steroid injections would not be supported as medically necessary by guidelines. Guidelines recommend that there be at least 50% relief of symptoms following epidural steroid injections for at least six to eight weeks to warrant ongoing epidural steroid injections. As this was not noted and not identified in the clinical records this reviewer would not have recommended the request.

#### **LUMBAR FACET JOINT BLOCK AT MEDIAL BRANCH LEVELS T12--L1 BILATERALLY QUANTITY 1.00: 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).

**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 Pain, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** In regards to the request for diagnostic facet joint blocks at T12-L1, this reviewer would not have recommended these procedures as medically necessary. The injured worker has been followed for ongoing complaints of active radiculopathy in the lower extremities that did not improve with epidural steroid injections. Given the persistent radicular symptoms facet joint blocks would be contraindicated per guidelines. Therefore this reviewer would not have recommended the request.

**LUMBAR FACET JOINT BLOCK AT MEDIAL BRANCH LEVELS L1-L2  
BILATERALLY QUANTITY 1.00: 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).

**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 Pain, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** In regards to the request for diagnostic facet joint blocks at L1-2, this reviewer would not have recommended these procedures as medically necessary. The injured worker has been followed for ongoing complaints of active radiculopathy in the lower extremities that did not improve with epidural steroid injections. Given the persistent radicular symptoms facet joint blocks would be contraindicated per guidelines. Therefore this reviewer would not have recommended the request.

**CLEARANCE FROM INTERNAL MEDICINE SPECIALIST PRIOR TO PROCEDURE:  
Uphold**

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

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PSYCHOLOGICAL EVALUATION PRIOR TO EVALUATION: Upheld**

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

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**LAB FREE TESTOSTERONE QUANTITY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current Medical Diagnosis And Treatment, 2012.

**Decision rationale:** In regards to the request for laboratory testing to include testosterone, there is no indication from the most recent clinical documentation by the treating physician that the injured worker was currently on high dose narcotics for which there is concern regarding hypogonadism. Without any indications that the injured worker is currently utilizing a high amount of narcotic medications contributing to the development of hypogonadism or other endocrine disorders this reviewer would not have recommended this request.

**LAB TOTAL TESTERONE QUANTITY 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current Medical Diagnosis And Treatment, 2012.

**Decision rationale:** In regards to the request for laboratory testing to include total testosterone, there is no indication from the most recent clinical documentation by the treating physician that the injured worker was currently on high dose narcotics for which there is concern regarding hypogonadism. Without any indications that the injured worker is currently utilizing a high amount of narcotic medications contributing to the development of hypogonadism or other endocrine disorders this reviewer would not have recommended this request.

**LAB SEX HORMONE BINDING GLOBULIN (SHBG) QUANTITY 1.0:** 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 Current Medical Diagnosis And Treatment, 2012.

**Decision rationale:** In regards to the request for laboratory testing to include SHBG, there is no indication from the most recent clinical documentation by the treating physician that the injured worker was currently on high dose narcotics for which there is concern regarding hypogonadism. Without any indications that the injured worker is currently utilizing a high amount of narcotic

medications contributing to the development of hypogonadism or other endocrine disorders this reviewer would not have recommended for this request.

**LAB THYROID STIMULATING HORMONE WITH REFLEX QUANTITY 1.0:** 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 Current Medical Diagnosis And Treatment, 2012.

**Decision rationale:** In regards to the request for laboratory testing to include TSH with reflex, there is no indication from the most recent clinical documentation by the treating physician that the injured worker was currently on high dose narcotics for which there is concern regarding hypogonadism. Without any indications that the injured worker is currently utilizing a high amount of narcotic medications contributing to the development of hypogonadism or other endocrine disorders this reviewer would not have recommended this request.

**MRI OF THORACIC SPINE WITHOUT CONTRAST QUANTITY 1.0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** In regards to the request for a MRI of the thoracic spine, this reviewer would not have recommended this request as medically necessary. There is no specific rationale provided by the treating physician to support updated MRI of the thoracic spine. The injured worker had no changes on physical examination indicating new or new sudden onset of neurological deficit or progression of severe neurological deficit. There was no documentation regarding any of the red flags that would support emergent MRI of the thoracic spine. Therefore this reviewer would not have recommended the request.

**THYROID FUNCTION TEST QUANTITY 1.00:** 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 Current Medical Diagnosis And Treatment, 2012.

**Decision rationale:** In regards to the request for laboratory testing to include a thyroid function test, there is no indication from the most recent clinical documentation by the treating physician that the injured worker was currently on high dose narcotics for which there is concern regarding hypogonadism. Without any indications that the injured worker is currently utilizing a high

amount of narcotic medications contributing to the development of hypogonadism or other endocrine disorders this reviewer would not have recommended this request.