

<b>Case Number:</b>	CM14-0051354		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/28/2005
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 claimant was injured on 07/28/05. An epidural steroid injection and intravenous (IV) infusion have been requested and are under review. The claimant saw [REDACTED] on 12/05/07. He had an agreed medical evaluator (AME). The claimant complained of pain in his hips and knees. He also had low back pain that was frequent and sharp and radiated to his buttocks. He had an agreed reexamination on 06/05/08. The claimant still had low back pain. He was diagnosed with a strain and disc protrusion at L5-S [sic]. An MRI (magnetic resonance imaging) showed a disc protrusion impinging the right S1 nerve root. The claimant was seen again on 03/10/10. He had been found to be permanent and stationary. The claimant saw [REDACTED] on 09/04/13. He had constant left greater than right side low back pain and constant pain in both hips. His pain is reduced with rest. Reflexes were symmetric at the knees and at the ankles. There was no other examination except for vital signs. He was prescribed Norco, OxyContin, and Soma. On 10/07/13, he was given several other medications. He saw [REDACTED] on 09/12/13. He had some psychiatric issues also. On 09/30/13, he received an injection by [REDACTED] via IV of a mixture of magnesium, Toradol, vitamin B12, lidocaine, and Dilaudid. He continued to have bilateral hip pain. On 10/28/13, lumbar ESI and facet joint injections were recommended at multiple disc levels. He saw [REDACTED]. Only his reflexes were checked and he had no changes in physical examination. Epidural steroid injection (ESI) with facet joint blocks were recommended. On 11/25/13, he complained of ongoing pain. Only his reflexes again were noted. He received another injection of magnesium, Toradol, vitamin B12, and lidocaine. The claimant diagnosis was neuropathic pain. On 12/23/13, the claimant saw [REDACTED] and the note was essentially the same. He received another injection. An MRI of the lumbar spine dated 02/05/14 revealed a right disc protrusion abutting the S1 nerve and mild facet arthropathy at L4-5. On 02/11/14, the claimant saw [REDACTED] and had moderate to severe right

neuroforaminal stenosis with protrusions abutting the bilateral S1 nerve roots. The claimant had a normal gait and stance and complained of pain to palpation. He had restricted range of motion. Straight leg raising was positive at 60 on the right and 20 on the left. Deep tendon reflexes were intact. Lumbar epidural steroid injections are recommended. The claimant saw [REDACTED] again on 02/17/14 and the note was essentially the same. The claimant received another IV injection of magnesium, Toradol, vitamin B12, lidocaine, and Demerol.

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

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

#### **ONE (1) LUMBAR EPIDURAL STEROID INJECTION AT L4-5 AND L5-S1: 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 Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for two level epidural steroid injections (ESIs) at this time. The MTUS Chronic Pain Guidelines state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). In this case, there is no clear objective evidence of radiculopathy at two levels on physical examination and no electromyography (EMG) was submitted. There is no indication that he has failed all other reasonable conservative care, including physical therapy, or that this ESI is based on an attempt to avoid surgery. The MRI (magnetic resonance imaging) report does not indicate the presence of nerve root compression at the two levels to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated. As such, the request is not certified.

#### **ONE (1) IV INFUSION THERAPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation North American Spine Society. Diagnosis and treatment of lumbar disc herniation with radiculopathy. Burr Ridge (IL): North American Spine Society; 2012. 100p. [446 references].

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

**Decision rationale:** The history and documentation do not objectively support the request for intravenous (IV) infusion therapy when the ingredients are not stated. The MTUS and Official

Disability Guidelines (ODG) state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded." In this case, the claimant has had multiple infusions of different combination of medications and the results unclear. Since the medications to be injected are not known and the claimant's responses to previous treatments like this are unknown, the medical necessity of this request has not been demonstrated. As such, the request is not certified.