

<b>Case Number:</b>	CM14-0054387		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 61-year-old female who has submitted a claim for postlaminectomy syndrome, disc degeneration, and cervical radiculitis; associated with an industrial injury date of 02/18/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain graded 2/10, shoulder pain graded 6/10, and hand pain graded 4/10. Physical examination showed normal upper extremity appearance without swelling, color change, temperature change or mottling. Tenderness was noted over the right subscapularus. Range of motion was decreased. Straight leg raise test was positive bilaterally. Reflexes were normal. Weakness of the left extensor hallucis longus was noted. Sensation was intact. MRI of the lumbar spine, dated 02/13/2014, showed mild to moderate left-sided lateral recess and neural foraminal narrowing. EMG of the lumbar spine, dated 06/13/2014, showed mild left L5 and S1 radiculopathy. Treatment to date has included medications, physical therapy, and neck (2000), right hand (2004) and left hand (2005) surgery. Utilization review, dated 04/15/2014, denied the request for epidural steroid injection and unspecified labs for medical clearance. The reasons for denial were not provided. An appeal letter, dated 06/25/2014, was sent because of Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies showing left L5 and S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Lumbar 4-5 Epidural Steroid Injection:** 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 injection Page(s): 46.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications, physical therapy, and surgery. Physical examination showed a bilaterally positive straight leg raise test, and weakness of the left extensor hallucis longus. MRI of the lumbar spine, dated 02/13/2014, showed mild to moderate left-sided lateral recess and neural foraminal narrowing. EMG of the lumbar spine, dated 06/13/2014, showed mild left L5 and S1 radiculopathy. The criteria for ESI have been met. Therefore, the request for Left Lumbar 4-5 Epidural Steroid Injection is not medically necessary and appropriate.

**Labs, medical clearance:** 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 lab testing.

**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 the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Urinalysis is indicated for patients undergoing urologic procedures and implantation of foreign material. In this case, there is no documentation of intended surgical procedures to necessitate a medical clearance. The rationale for this request is unclear. Lastly, the present request as submitted failed to specify the laboratory tests to be performed. Therefore, the request for LABS, Medical Clearance is not medically necessary and appropriate.