

<b>Case Number:</b>	CM14-0193711		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 50 year old male with an injury date of 03/17/14. As per progress report dated 10/02/14, the patient complains of persistent mid thoracic, lower back, and bilateral leg pain. Prolonged sitting and standing aggravate the pain. Physical examination of the thoracolumbar spine reveals painful range of motion along with tenderness in thoracolumbar spine and the paraspinal muscles. In progress report dated 09/29/14, the patient complains of low back pain with intermittent right sided radiculopathy to the thigh. Physical examination of the lumbosacral spine reveals limited range of motion with flexion at 100, extension at 20, lateral right and left bend at 25, and right and left rotation at 30. The patient had physical therapy which worsened the pain, as per progress report dated 10/02/14. Medications include Flexeril, Ibuprofen, Tylenol and Tylenol PM, as per the same report. The patient is totally disabled and not able to return to work, as per progress report dated 10/02/14. X-ray of the Lumbosacral Spine, 05/01/14- Subtle anterolithesis of L4 on 5 associated with mild L4-5 disc narrowing and moderate hypertrophic facet degenerative changes from L3 to S1- Small endplate spurs from L2 to L5- Bridging of spurs seen in lower thoracic spine MRI of the Lumbar Spine without Contrast, 07/09/14:- Lumbar spondylosis, most severe at L3-4 with 3 mm left paracentral disc protrusion and Ligamentum Flavum and Facet Hypertrophy resulting in mild to moderate central stenosis. Diagnoses, 10/02/14:- Disc desiccation / Herniated disc, L3-4- Multiple levels of facet arthropathy, lumbar spine- Annular tear and facet arthropathy, L4-5- Mild to moderate canal stenosis, L3-4, and to a lesser degree L2-3. The treater is requesting for (a) LUMBAR EPIDURAL INJECTIONS AT L3-L4 AND L4-L5, BILATERAL X 1 (b) NEW PATIENT CONSULT. The utilization review determination being challenged is dated 10/22/14. The rationale follows:(a) LUMBAR EPIDURAL INJECTIONS AT L3-L4 AND L4-L5, BILATERAL X 1 - "There is no evidence of

neurologic deficit or radicular symptoms on physical examination to support the medical necessity of lumbar epidural injection at bilateral L3-L4 and L5-S1."b) NEW PATIENT CONSULT - "There is no provider rationale given to support the request."Treatment reports were provided from 03/17/14 - 11/06/14.

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

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

#### **Lumbar epidural injections at L3-L4 and L4-L5, bilateral x1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46-47.

**Decision rationale:** The patient presents with persistent mid thoracic, lower back, and bilateral leg pain, as per progress report dated 10/02/14, and complains of low back pain with intermittent right sided radiculopathy to the thigh, as per progress report dated 09/29/14. The request is for Lumbar Epidural Injections at L3-L4 and L4-L5, Bilateral X 1. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing,"In this case, a review of the available progress reports does not reflect prior epidural injections. In progress report dated 10/02/14, the treater says "The patient is suffering from lumbar radiculopathy and back pain." The patient is also diagnosed with disc desiccation / herniated disc. Although physical examination only revealed tenderness in thoracolumbar spine and the paraspinal muscles without any neurological findings, MRI findings showed severe spinal stenosis at L3-4 with disc herniation. The patient has significant bilateral leg symptoms and may benefit from a trial of an ESI. Given the patient's pain and disability and no prior ESI, this request seems reasonable and IS medically necessary.

**New patient consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The patient presents with persistent mid thoracic, lower back, and bilateral leg pain, as per progress report dated 10/02/14, and complains of low back pain with intermittent right sided radiculopathy to the thigh, as per progress report dated 09/29/14. The request is for

New Patient Consult. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS guidelines are silent on physician consultations. ACOEM guidelines, however, allow referrals and consultations if the request aids in "diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." However, the treater does not explain why the new patient consult is needed and the type of specialist support the patient requires at this stage. The progress reports lack information pertinent to the request. Hence, the request IS NOT medically necessary.