

<b>Case Number:</b>	CM14-0204016		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/20/2000
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 20, 2000. In a Utilization Review Report dated November 25, 2014, the claims administrator denied epidural steroid injections, approved a psychiatric followup, approved a pain management followup, and denied an orthopedic followup. The claims administrator referenced multiple historical Utilization Review Report and a followup note dated November 12, 2014, in its determination. The claims administrator did not clearly identify whether the request represented a request for repeat epidural steroid injection therapy or a first-time epidural steroid injection. The claims administrator noted that the attending provider had failed to state which levels the epidural injection in question was being sought at and had failed to furnish imaging studies corroborating evidence of radiculopathy. The applicant's attorney subsequently appealed. In a November 20, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant was given refills of Soma and tramadol. In a July 1, 2014 progress note, a physical medicine consultation was sought for consideration of cervical and lumbar epidural steroid injection therapy. The applicant was currently receiving manipulative therapy and acupuncture, it was acknowledged. Pool therapy was sought for ongoing complaints of neck and back pain, 6/10. The applicant's work status was not clearly outlined. On January 9, 2014, the applicant was asked to continue permanent limitations imposed by the medical-legal evaluator. It did not appear that the applicant was working, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection: lumbar per [REDACTED]: Upheld**

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

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy should be either radiographically or electrodiagnostically confirmed and further stipulates that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the handwritten progress notes did not clearly outline whether the applicant had or had not had prior epidural steroid injections, although one can infer, based on the date of injury (January 20, 2000) that the request did, in all likelihood, represent a request for repeat epidural injections. The attending provider did not outline the applicant's response to earlier epidural steroid injection therapy in terms of the functional improvement parameters established in MTUS 9792.20f, nor did the attending provider furnish radiographic and/or electrodiagnostic evidence establishing the diagnosis of lumbar radiculopathy. Therefore, the request is not medically necessary.

**Orthopedist follow up, [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 180, 306.

**Decision rationale:** The applicant's primary pain generators here are the neck and low back. However, the MTUS Guideline in ACOEM Chapter 12, page 306 notes that applicants with low back pain complaints alone, without associated findings of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Similarly, the MTUS Guideline in ACOEM Chapter 8, page 180, also takes a position that applicants with neck pain alone without associated findings of nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, there was no clear or compelling evidence of nerve root compromise, which would compel follow up visit with an orthopedic spine surgeon. Again, the handwritten progress notes on file did not establish compelling clinical or radiographic evidence of nerve root compromise, which would compel the orthopedic follow up visit at issue. Therefore, the request was not medically necessary.