

<b>Case Number:</b>	CM14-0208728		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old patient with date of injury of 06/20/2011. Medical records indicate the patient is undergoing treatment for chronic neck pain, radicular symptoms bilateral upper extremities and bilateral lower extremities, chronic thoracic pain, as well as, chronic intractable back pain, status post cervical spine fusion, status post posterior iliac crest bone graft, breast nodule, pectoralis tendinitis left side secondary to cervical pathology and headaches. Subjective complaints include pain in the shoulders and neck, pain level 5/10 increasing to 10/10 with activity and overuse. Pain is improved with rest. Patient reports GI issues. Objective findings include tenderness over the paracervical musculature; positive muscle spasm in the paracervical musculature; motor testing of upper extremity muscle groups 5/5; normal range of motion cervical spine; reflexes right and left biceps 2+, reflexes right and left triceps 2+, reflexes right and left brachial radialis 2+; lumbar spine/thoracic spine appearance is normal; gait is within normal limits; normal lordotic curvature is present; negative tenderness in paralumbar musculature and parathoracic musculature; positive tenderness in the left posterior superior iliac spine region; negative tenderness in the SI joints; positive muscle spasm in in the paralumbar musculature; motor testing of lower extremity muscle groups 5/5; deep tendon reflexes right and left knee 2+, right and left ankle 2+; normal lumbar spine range of motion; negative straight leg raise in the supine and sitting position bilaterally, neurovascular status is intact. Treatment has consisted of acupuncture, physical therapy, lumbar epidural injection, TENS unit, a brace, Functional Restorative Program, Metoprolol, Lisinopril, Adderall, Trazodone, Naprosyn,

Gabapentin, Cyclobenzaprine. The utilization review determination was rendered on 11/19/2014 recommending non-certification of Lumbar epidural steroid injections x 2 and Functional capacity analysis.

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

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

#### **Lumbar epidural steroid injections x 2: Upheld**

**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 (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "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, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."Medical records provided do not indicate objective findings of radiculopathy, nor are they indicated on imaging studies provided. As such, the request for lumbar epidural steroid injections x 2 is not medically necessary.

#### **Functional capacity analysis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

**Decision rationale:** ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." Additionally, "It may be necessary to obtain a more precise delineation of patient

capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." Progress notes by the treating physicians do not clearly outline what the patient's limitations are and make no indication that additional delineation of the patient's capabilities are necessary to determine return to work. ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program." "An FCE is time-consuming and cannot be recommended as a routine evaluation." "Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified." The medical documents provided indicate that the treating physician is seeking a second opinion and steroid injections, a functional capacity exam is indicated when a patient is close to or at MMI. As such, the request for functional capacity analysis is not medically necessary.