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| <b>Case Number:</b>   | CM14-0209792 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 05/26/1993 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

Patient is an 83 year-old male with date of injury 05/26/1993. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/29/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. The patient reported that he has had epidural steroid injections in the past, which resulted in pain relief lasting over three months, but had a more recent epidural steroid injection (no operative reported provided for review) where he did not get as long of a relief. Objective findings: Patient was unsteady on his feet. Unable to determine if he can heel or toe walk. Unable to get range of motion of the lumbar spine due to patient being unsteady on his feet. Diminished patella and Achilles reflexes bilaterally. Weakness was noted bilaterally in ankle dorsi and plantar flexor muscles and quad and hamstring muscles. Diagnosis: 1. Bilateral lumbar radiculitis 2. Lumbar spine degenerative joint disease 3. Lumbar facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4/5, L5/S1 Transfoarminal ESI (Epidural Steroid Injections) with Fluoroscopy:**

Overtuned

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

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

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. There is reasonably good documentation that lumbar epidural steroid injections have been helpful for an extended period in the past. Mention is made in one of the reports that the last injection was less helpful, but there is no explanation as to why the injection did not work as well. Based on the fact that the patient has had several lumbar epidural steroid injections which have been helpful and have not met the MTUS criteria for objective documented pain and functional improvement, and only one that has not met the above criteria, the patient should be allowed to have an additional lumbar epidural steroid injection. The requested L4/5, L5/S1 Transforaminal ESI (Epidural Steroid Injections) with Fluoroscopy is medically necessary.

**Medical Clearance TOX, CAD (Basic Metabolic Panel/ Comprehensive Metabolic Panel):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.cigna.com/assets/docs/health-care-professionals/coverage\\_positions/ph\\_1211\\_coveragepositioncriteria\\_jakafi.pdf](http://www.cigna.com/assets/docs/health-care-professionals/coverage_positions/ph_1211_coveragepositioncriteria_jakafi.pdf)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms; however, the patient's advanced age necessitates a basic workup prior to any procedure such as the lumbar epidural steroid injection authorized above. Medical Clearance TOX, CAD (Basic Metabolic Panel/ Comprehensive Metabolic Panel) is medically necessary.

**Six Follow up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Six visits of follow-up have been requested following the patient's lumbar epidural steroid injection. This is excessive as followup for one procedure and there is no documentation explaining why 6 visits would be necessary. 6 Follow up visits are not medically necessary.