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| <b>Case Number:</b>   | CM14-0097412 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 01/12/1998 |
| <b>Decision Date:</b> | 01/27/2015   | <b>UR Denial Date:</b>       | 05/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2014 |

### 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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in New Jersey. 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 worker is a 49-year old male who was injured on 1/12/1998. He was diagnosed with cervicalgia, lumbago, lumbosacral radiculitis, cervical radiculitis, and left hip arthritis secondary to avascular necrosis (possibly due to corticosteroid use). He was also diagnosed with lumbar disc protrusion (left lateral L4-5 level). He was treated with medications, home exercises, and epidural injections (lumbar and cervical). His cervical epidural injections reportedly were quite helpful at reducing pain. He also had a left-sided lumbar epidural which was successful. On 5/9/14, the worker was seen by his primary treating physician, reporting that he had a second lumbar epidural which caused a bad reaction described as increasing left-sided pain. Physical findings included tenderness throughout and positive straight leg raise with limited range of motion of both hips. He was then recommended a third and final epidural injection on the "left". No exact location was included in the note or the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Final left epidural injection:** 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:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was insufficient documentation about the worker's response to his second lumbar epidural injection and overall functional level in the weeks following in order to decide whether or not a third was necessary or would be beneficial if repeated. It is noted that the left lumbar epidural approach performed the first time was reportedly successful but with limited documentation provided to the reviewer discussing more detail about this response. The report (prior to this request date) of the second epidural (right-sided approach) was lacking in detail about any positive outcome. This is why the third injection was supposedly intended for the left-sided approach again. However, regardless of this clarification, there was insufficient documentation at the time of this request for any functional and pain-reducing outcome of the injections prior to this request as this was not found among the documents provided for review. Also, although it seems apparent that the request was for the lumbar spine, this was not specified in the request, or the level of the intended injection, which are required for any future consideration of approval. Therefore, due to insufficient documentation of a fulfillment of the criteria for a repeat epidural injection and missing information in the request, the final left epidural injection will not be considered medically necessary.

**Consultation for acupuncture 12 visits.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the

side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, he was recommended acupuncture (12 sessions). Although this may be worth a trial, 12 sessions is much more than necessary to assess whether or not acupuncture is helpful to the worker or not. Also, there was minimal evidence to the worker being involved in a physically active modality such as home exercises at the time of this request. Therefore, considering the above, the 12 sessions of acupuncture is not medically necessary.