

<b>Case Number:</b>	CM15-0168637		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/04/1997
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 77 year old female who sustained an industrial injury on 3-4-97. In a follow up note dated 8-7-15, the physician reports a steroid block was done 2 months prior which resulted in one week of pain relief in her lower back. An MRI of the lumbar spine done 7-19-15 reveals multifacet and ligamentum flavum hypertrophic changes extending from L2 through S1 levels and modic changes at L2-3 end plate, and probably disc vacuum phenomena are noted at L5-S1 level. She has a history of fibromyalgia and bilateral ankle and knee joint disease. "As a result, surgical intervention in her lower back seems to be not indicated since her current pain syndrome is multi-factorial." She has been taking 900mg of Gabapentin per day which has not been fully effective. Gabapentin 300mg 4 times a day was prescribed this visit. The requested treatment of a lumbar epidural block injection and a pain management consultation was denied on 8-24-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural block injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The claimant has a remote history of a work injury in March 1997 and is being treated for chronic pain included diagnoses of fibromyalgia, bilateral ankle and knee joint disease, and multilevel lumbar spondylosis. When seen, a steroid block given two months before resulted in one week of low back pain relief. No physical examination was recorded. Medications were prescribed and authorization for an epidural steroid block and pain management evaluation were requested. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant's response to the first injection is not adequately documented and the type of injection given is unclear. The claimant should follow-up with the provider that performed the procedure. This request for a repeat injection without adequately documenting the procedure done previously is not medically necessary.

**Pain management consultation:** 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) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant has a remote history of a work injury in March 1997 and is being treated for chronic pain included diagnoses of fibromyalgia, bilateral ankle and knee joint disease, and multilevel lumbar spondylosis. When seen, a steroid block given two months before resulted in one week of low back pain relief. No physical examination was recorded. Medications were prescribed and authorization for an epidural steroid block and pain management evaluation were requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has recently had a spine injection and follow-up with this provider is indicated. The reason for the requested evaluation and issue to be clarified is not clearly stated. Requesting a referral to pain management is not medically necessary.

