

<b>Case Number:</b>	CM15-0198389		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male who sustained an industrial injury on 9-30-2014. Medical records indicates the injured worker is being treated for chronic pain, disc dis nec-nos-cerv, lumbar disc displacement at L3-4, L4-5 by MRI, lumbosacral neuritis not otherwise specified, and myalgia and myositis not otherwise specified to the posterior cervical spine. Medical records dated 9-17-2015 noted pain in the low back and cervical spine rated a 4 out of 10. He performs activities of daily living, but has had to restrict employment due to pain. Physical examination noted decreased range of motion to the cervical spine in all planes due to pain. There was tenderness as well. There was decreased cervical range of motion due to pain as well as tenderness. MRI revealed high grade disc degeneration with broad based disc protrusion with neural foraminal narrowing at L4-5. Treatment has included anti-inflammatory medication, hydrocodone, physical therapy, and TENS unit. Utilization review form dated 10-2-2015 noncertified L4-5 interlaminar epidural steroid injection under fluoroscopic guidance and CMP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 L4-5 interlaminar epidural steroid injection under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not correlating here as EMG/NCS on 12/19/14 showed left S1 radiculopathy while MRI of lumbar spine in December 2014 showed L1-2, L3-4, and L4-5 degenerative disc with protrusion and neural foraminal narrowing with exam findings of intact sensation and DTRs. Submitted reports have not demonstrated any radicular findings, myotomal/ dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The 1 L4-5 interlaminar epidural steroid injection under fluoroscopic guidance is not medically necessary and appropriate.

**1 comprehensive metabolic panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to this chronic musculoskeletal injuries. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Identifying any coagulation issues or having a baseline Hemoglobin/hematocrit level along with renal and liver functions may be medically indicated prior to surgical procedure; however, the patient has an unspecified injection planned. Submitted reports have not identified any symptom complaints, clinical history or comorbidities with undue risks to support for the multiple lab testing with recent labs noted per provider on 5/29/15 with normal results. The 1 comprehensive metabolic panel is not medically necessary and appropriate.