

<b>Case Number:</b>	CM15-0223180		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	10/25/2002
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: 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:

The injured worker is a 66 year old female, who sustained an industrial injury on 10-25-2002. According to physician documentation, the injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intertebral disc, degeneration of intervertebral disc, lumbago, lumbosacral spondylosis without myelopathy, sciatica and spinal stenosis. Subjective findings dated 8-27-2015, 9-22-2015 and 10-28-2015, were notable for low back pain, worsening right hip to knee pain, bilateral lower extremity weakness, numbness and tingling which interferes with her sleep rating pain 6 out of 10 at best and 8 out of 10 at worst, stating there is a 50-80% decrease in pain with medications. She also stated difficulty with transfers and can ambulate 1 block with the use of a straight cane. Objective findings dated 8-27-2015, 9-22-2015 and 10-25-2015, were notable for tenderness to palpation over paraspinal muscles overlying the facet joints on the left side and muscle tenderness over the gluteus maximus. According to physician documentation, the injured worker had an MRI performed 11-2013 which revealed severe right L4-L5 (lumbar) central stenosis. Treatments to date have included, Zanaflex 4mg, Elavil 100mg, Percocet 10/325mg, Avinza 120mg and epidural injection (8-18-2014, provided 100 % relief per injured worker). The Utilization Review determination dated 11-4-2015 did not certify treatment/service requested for epidural steroid injection, lumbar transformational right L3-L5 times 3, and 6 months follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection, lumbar transformational-right L3-5 X 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, there is subjective and objective evidence of radiculopathy with MRI corroboration (11/13). According to physician documentation, the injured worker has had a previous epidural injection on 8-18-2014 that provided 100% relief for 1 year (per the injured worker). Other treatments to date have included, Zanaflex 4mg, Elavil 100mg, Percocet 10/325mg, Avinza 120mg and physical therapy with only limited benefit. A repeat ESI is appropriate in this case. The request for epidural steroid injection, lumbar transformational-right L3-5 X 3 is medically necessary.

**Follow up 6 months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Office Visits Section.

**Decision rationale:** The MTUS Guidelines do not address office visits specifically for chronically injured workers. The MTUS Guidelines recommend frequent follow-up for the acutely injured worker when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Per the ODG, repeat office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. This request is for a 6 month follow-up visit with the treating physician, without specific treatment goals. As the injured

worker is currently approved for epidural steroid injections, follow-up visit is appropriate to assess efficacy of the treatment. The request for follow up 6 months is medically necessary.