

<b>Case Number:</b>	CM15-0050967		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 3/6/09. The diagnoses have included lumbar radiculopathy and lumbar disc protrusion. Treatment to date has included medications, psychiatric, Transcutaneous Electrical Nerve Stimulation (TENS) with some pain relief, pain injections and Epidural Steroid Injection (ESI). Currently, as per the physician progress note dated 12/29/14, the injured worker complains of constant low back pain that radiates to the bilateral lower extremities rated 7/10 on pain scale with numbness and tingling in both legs. It was noted that she was status post second lumbar Epidural Steroid Injection (ESI) performed on 10/17/14 and reported 97 percent relief of low back pain and radicular symptoms for 2 weeks. The objective findings revealed decreased lumbar range of motion. There were no recent diagnostic studies noted. The physician requested treatments included Lumbar Epidural Steroid Injection at L4-L5 and Toradol 60mg/Vitamin B12 injection for lumbar pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 80.

**Decision rationale:** MTUS Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Regarding this patient's case, this is a request for a 3rd LESI. Guidelines do not support more than 2 ESI's. Also, repeat ESI's are only recommended if >50% pain relief lasting at least 6-8 weeks is achieved. The provided documentation only notes 2 weeks of pain relief. Likewise, this request is not considered medically necessary.

**Toradol 60mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

**Decision rationale:** This patient has chronic pain, and Toradol injections are not supported by MTUS guidelines for chronic pain. Specifically MTUS guidelines state, "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Likewise, this request for a Toradol injection is not medically necessary.

**Vitamin B12 Injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Update on Vitamin B12 deficiency. AAFP. ROBERT C. LANGAN, MD, and KIMBERLY J. ZAWISTOSKI, DO, St. Luke's Hospital, Bethlehem, Pennsylvania Am Fam Physician. 2011 Jun 15;83(12):1425-1430.

**Decision rationale:** The second determination is for a B12 injection. B12 injections are not discussed in MTUS, ACOEM, or ODG guidelines. B12 injections are often recommended when a patient has a B12 deficiency (not a work man's compensation issue.) There is no documentation from the medical records provided that this patient has a B12 deficiency that would warrant an IM injection of B12. Likewise, this request is not medically necessary.