

<b>Case Number:</b>	CM15-0084357		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, 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 59 year old female, who sustained an industrial injury on 2/5/10. She reported initial complaints of thoracic and lower back injuries. The injured worker was diagnosed as having cervicgia with right shoulder radiculopathy; unspecified thoracic/lumbosacral neuritis/radiculitis; lumbago. Treatment to date has included urine drug screening. Diagnostics included MRI cervical and lumbar spine (6/11/10). Currently, the PR-2 notes dated 2/5/15 indicated the injured worker comes to the office on this date for follow-up of cervical and lumbar spine. The notes document no medication and no changes since the last visit. She complains of constant pain and indicates medication given last visit made her sick. The cervical spine objective findings note range of motion with mild pain all directions with decreased 5-10 degrees, skin intact, triggers right trapezius. The lumbar spine reveals range of motion decreased 15 degrees each direction with pain and positive straight leg raise, right gluteal at 40 degrees. The notes show "walk unable, gait slow with cane." Prior PR-2 notes (dated 12/18/14) indicate a MRI of the cervical and lumbar spine were done in 2010 that demonstrate a L1 compression fracture with 40-50% height loss. On this date, cervical and lumbar x-rays were done but no report. A request for two L1-2 and T12-L1 epidural steroid injection with facet and preoperative urinalysis between 3/25/15 and 5/9/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **2 L1-2 and T12-L1 epidural steroid injection with facet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections Topic.

**Decision rationale:** Regarding the request for L1-L2 and T12-L1 epidural steroid injections with facet, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, the patient has right sided positive straight leg raise consistent with radiculopathy and a MRI of the lumbar spine showing anterior impression on the thecal sac at L1 level. These findings would support the treatment with epidural steroid injections. However, the request is made for both ESIs and facet injections, evidence based guidelines do not support this type of practice. As such, the currently requested L1-L2 and T12-L1 epidural steroid injections with facet are not medically necessary.

## **Preoperative urinalysis: 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 <https://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

**Decision rationale:** With regards the urinalysis, a routine urinalysis may be done when someone is admitted to the hospital. It may also be part of a wellness exam, a new pregnancy evaluation, or a work-up for a planned surgery. A urinalysis will most likely be performed when a person sees a health care provider complaining of symptoms of a UTI or other urinary system problem such as kidney disease. Some signs and symptoms may include: abdominal pain, flank pain, painful or frequent urination, or blood in the urine. Within the submitted documentation, there is no clear indication for such test. Furthermore, because the procedure is not medically necessary, the preoperative urinalysis is also not medically necessary.

