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| <b>Case Number:</b>   | CM14-0094569 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 04/17/2011 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/20/2014 |

### 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. The expert reviewer is Board Medically necessary in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old female with a 4/17/11 date of injury. She was injured when she was slipped off a ladder while cleaning it and fell on her bottom and left hand. On 6/23/14, the patient presents with concerns that she is currently pregnant and would like to do as much in regards to pain management in early pregnancy to avoid a miscarriage. Objective exam shows a positive SLR bilaterally, with decreased pain and touch sensation in the right L4 distribution. Diagnostic Impression: Lumbar Discogenic Disease, Left Wrist Pain, Coccygeal Fracture. Treatment to date: medication management, activity modification. A UR decision dated 6/13/14 denied the request for Epidural Steroid Injection (ESI) based on the fact that despite back pain with lower extremity pain, there is no EMG to review to document presence of radiculopathy with an essentially negative MRI. Clinical lower extremity findings do not support presence of radiculopathy. The prior UR decision included a peer-to-peer discussion with concluded that the provider would agree to order an EMG first to evaluate for radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the prior UR decision dated 6/13/14, it is documented from the peer-to-peer conversation that the provider agreed to order an EMG prior to the epidural injection to evaluate for radiculopathy. There is no documentation that this EMG has been completed. In addition, the patient has no subjective findings of radiculopathy. It is also unclear from the records provided if the patient is pregnant or not; it appears that the same paragraph regarding the patient being pregnant is in all of the progress notes provided for review. There is no documentation of recent conservative management geared toward the lumbar spine. In addition, there is no official lumbar MRI report provided for review. Therefore, the request for Epidural Steroid Injection at L5-S1 was not medically necessary.