

Case Number:	CM15-0121479		
Date Assigned:	07/02/2015	Date of Injury:	07/20/1997
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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 68 year old female, who sustained an industrial injury on 7/20/1997. She reported falling on her back and bracing herself with right hand. Her pains gradually spread to various parts of her body. The injured worker was diagnosed as having lumbago, lumbosacral neuritis, unspecified, cervicgia, and brachial neuritis, unspecified. Treatment to date has included diagnostics, cortisone injections, right cubital tunnel surgery in 1998, physical therapy, epidural injections, and medications. Currently (5/07/2015), the injured worker complains of cervical spinal pain with range of motion, sleeping, and driving, rated 7/10, and constant lumbar pain, rated 8/10. Medication use included Norco, Soma, and Ativan. Her work status was with permanent restrictions. Exam of the cervical spine noted positive triggers. Exam of the lumbar spine noted decreased and painful range of motion, positive straight leg raise on the right, and positive triggers on the right. The treatment plan included L4-S1 epidural steroid injection with facet x2 (unspecified), post-operative physical therapy, and pre-operative urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operative labs: Urinalysis, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal 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 urinalysis. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible renal or urological disturbances, to support the lab works as it relates to this chronic musculoskeletal injuries of 1997. Submitted reports have not identified any urological or renal symptom complaints, clinical history or comorbidities with undue risks to support for the urinalysis pre- epidural injections. Additionally, the LESI with Facet unspecified is not medically necessary and appropriate as well. The Pre operative labs: Urinalysis, Qty 1 is not medically necessary or appropriate.

Lumbosacral (L4-S1), Epidural Steroid Injection with Facet (x2), unspecified, Qty 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300, Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI 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 provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Additionally per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment

and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints, s/p epidural injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. The Lumbosacral (L4-S1), Epidural Steroid Injection with Facet (x2), unspecified, Qty 1 is not medically necessary or appropriate.