

<b>Case Number:</b>	CM15-0121861		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 41 year old male, who sustained an industrial injury on 2/25/2013. Diagnoses include herniated disc, lumbar radiculopathy and acute gastritis, stress induced. Treatment to date has included medications including Omeprazole, Citrucel, Colace, Gabapentin, Oxycodone and Soma. Per the Primary Treating Physician's Progress Report dated 5/18/2015, the injured worker reported low back pain. His symptoms are worse since his last visit. The pain is located in the lower back, more on the left, with radiation down the left leg intermittently and upper back. Physical examination revealed an antalgic gait. He walks leaning on the walls and furniture. He is described as appearing to be in moderate pain and shifts position regularly while sitting. The plan of care included referral to a pain specialist. Authorization was requested for a pre-op consultation for an epidural steroid injection (ESI) and left S1 ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative consultation for ESI with Doctor:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

**Decision rationale:** The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self- limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, the primary physician is requesting a LESI procedure, and this patient's case meets MTUS guidelines for same. The primary case physician does not have the training to perform a LESI and therefore must refer to a specialist for this procedure to be performed. According to the utilization review physician's documentation, a consultation with a [REDACTED] was initially requested. The utilization review physician informed the requesting physician that [REDACTED] does not do these procedures and therefore the primary care physician "withdrew the request" for [REDACTED] to do a preoperative work up. According to the utilization review physician's documentation, an interventional pain management specialist could perform this injection. As this initial request was withdrawn the utilization review physician denied the request, and likewise Independent Medical review will deny this request as not medically necessary as the request was withdrawn.

**Left S1 TESI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 of 127.

**Decision rationale:** 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, a review of the documentation provided shows that MTUS guidelines have been satisfied in this request for a LESI. Imaging findings and physical exam findings are congruent. Likewise, this request for a LESI is considered medically necessary.