

<b>Case Number:</b>	CM15-0048082		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 55 year old female, who sustained an industrial injury on December 20, 2013. She reported that when going down a flight of stairs she missed a step losing her balance and falling with immediate onset of pain in her back, eight wrist, and left foot. The injured worker was diagnosed as having lumbosacral musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, rule out right wrist carpal tunnel syndrome, right wrist tenosynovitis, right wrist ganglion cyst, left ankle sprain/strain, and rule out left foot internal derangement. Treatment to date has included physical therapy, electrodiagnostic studies of the upper extremities, extracorporeal shockwave therapy, x-rays, chiropractic treatments, and medication. Currently, the injured worker complains of pain in her left foot, pain in the lower back that radiates to the lower leg, and pain and numbness in the right wrist and hand. The Primary Treating Physician's report dated December 15, 2014, noted the injured worker with Grade 3 to 4 tenderness to palpation over the lumbar paraspinal muscles, increased since previous visit, with palpable spasms, unchanged since the previous visit. The lumbar spine was noted to have restricted range of motion (ROM) with trigger points present and positive bilateral straight leg raise. Examination of the right wrist and hand was noted to show Grade 2 to 3 tenderness to palpation, unchanged since previous visit, and the left foot and ankle examination showed Grade 3 to 4 tenderness to palpation, increased since previous visit. The treatment plan was noted to include continued chiropractic therapy, medications prescribed including compound topical creams, and referral for an open MRI of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Educational Units: UDT, Lumbar Epidural, Carpal Tunnel, Opioids, Wrist Arthroscopy, (ESWT) Extracorporeal Shockwave Therapy, Discectomy, Discography, Anesthesia, Lumbar Fusion and Informed Consent: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Education.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain: Treatment consideration.

**Decision rationale:** Unknown Educational Units: UDT, Lumbar Epidural, Carpal Tunnel, Opioids, Wrist Arthroscopy, (ESWT) Extracorporeal Shockwave Therapy, Discectomy, Discography, Anesthesia, Lumbar Fusion and Informed Consent is not medically necessary. According to the medical records the patient had these treatments to date without documented benefit. Therefore, the requested therapies are not medically necessary. The purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. Therefore the request is not medically necessary.