

<b>Case Number:</b>	CM15-0072479		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 79 year old female, who sustained an industrial injury on 08/05/2013 reporting left foot pain and low back pain as a result of a fall. The diagnoses have included sprain/strain ankle/foot unspecified left, sprain/strain lumbar, muscle spasms back and pain in back. On provider visit dated 02/05/2015 injured worker has reported constant pain in lumbar spine, left foot and right hand. On examination of the lumbar spine decreased range of motion with pain, positive straight leg raise, left foot tenderness and gait was slow with the assist of a cane was noted and right hand tenderness was noted as well. Treatment to date has included MRI, medication, therapy and TENS unit. The provider requested L1-S1 epidural steroid injection with facet, Preoperative labs, Evaluation and treatment with hand surgeon, Podiatry evaluation and treatment, Pain management evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L1-S1 epidural steroid injection with facet, #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** This 79 year old female has complained of left foot pain, low back pain and right hand pain since date of injury 8/5/13. She has been treated with TENS, physical therapy and medications. The current request is for L1-S1 epidural steroid injection with facet, #2. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, L1-S1 epidural steroid injection with facet, #2 is not medically necessary.

**Preoperative labs:** 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), Low Back, Preoperative testing, general; Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, pre-operative testing.

**Decision rationale:** This 79 year old female has complained of left foot pain, low back pain and right hand pain since date of injury 8/5/13. She has been treated with TENS, physical therapy and medications. The current request is for preoperative labs. The requested epidural steroid injection is not indicated as medically necessary, therefore preoperative labs prior to said procedure are not medically necessary.

**Evaluation and treatment with hand surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** This 79 year old female has complained of left foot pain, low back pain and right hand pain since date of injury 8/5/13. She has been treated with TENS, physical therapy and medications. The current request is for evaluation and treatment with a hand surgeon. Per the ACOEM guidelines cited above, Referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, failure to respond to conservative management, including work site modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The available medical records do not adequately document tried prior conservative treatments. On the basis of the available medical records and per the ACOEM guidelines cited above, consultation with a hand surgeon is not medically necessary.

**Podiatry evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 378.

**Decision rationale:** This 79 year old female has complained of left foot pain, low back pain and right hand pain since date of injury 8/5/13. She has been treated with TENS, physical therapy and medications. The current request is for podiatry evaluation and treatment. The available medical records do not contain adequate documentation of subjective or objective findings or provider rationale for obtaining the requested consultation. On the basis of the available medical records and per the ACOEM guidelines cited above, podiatry evaluation and treatment is not medically necessary.

**Pain management evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

**Decision rationale:** This 79 year old female has complained of left foot pain, low back pain and right hand pain since date of injury 8/5/13. She has been treated with TENS, physical therapy

and medications. The current request is for pain management consultation. Per the MTUS guidelines cited above, pain management consultation is not indicated at this time. There is no documentation of previous therapies tried and response to those therapies nor is there clear documentation regarding provider expectations from a pain management consultation. On the basis of the available medical records and MTUS guidelines cited above, pain management consultation is not medically necessary.