

<b>Case Number:</b>	CM15-0094218		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 37 year old female, who sustained an industrial injury on 3/22/2014. She reported slipping while carrying a box, twisting to the right to maintain balance that resulted in low back pain. She subsequently developed right shoulder/arm and neck pain from repetitive type activities. Diagnoses include lumbago, lumbar sprain/strain, and thoracic neuritis/radiculopathy. Treatments to date include modified activity, twelve sessions of physical therapy, and five sessions of chiropractic treatments with minimal relief of symptoms noted. Currently, she complained of increased pain in the lower back and bilateral shoulders. On 4/9/15, the physical examination documented a positive straight leg raise test on the right side. The plan of care included a caudal lumbar epidural steroid injection and pre-operative laboratory evaluations including CBC and BMP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal lumbar epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural 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 neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Caudal lumbar epidural steroid injections are not medically necessary or appropriate.

**Pre-operative labs: CBC and BMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation.

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

**Decision rationale:** The request for caudal lumbar epidural steroid injections is not medically necessary and appropriate, thereby, the Pre-operative labs: CBC and BMP is not medically necessary and appropriate. Regardless, MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic 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 metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to this chronic musculoskeletal injuries. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Identifying any coagulation issues or having a baseline Hemoglobin/hematocrit level along with metabolic functions may be medically indicated prior to surgical procedure; however, the patient has an unspecified injection planned. Submitted reports have not identified any symptom complaints, clinical history or comorbidities with undue risks to support for the multiple lab testing. The Pre-operative labs: CBC and BMP is not medically necessary and appropriate.