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| <b>Case Number:</b>   | CM14-0156453 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 06/07/2013 |
| <b>Decision Date:</b> | 11/04/2014   | <b>UR Denial Date:</b>       | 09/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2014 |

### 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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Disease and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51-year-old male who reported an injury on 06/07/2013 due to replacing a fan on a piece of machinery. Diagnoses were lumbar degenerative disc disease, intermittent lower extremity radiculitis, diffuse regional myofascial pain, chronic pain syndrome with both sleep and mood disorder, and lumbago. Past treatments were medications, physical therapy, and home exercise program. MRI, dated 07/19/2013, revealed facet sclerosis/spondylosis present at L2-3, L3-4, L4-5, and L5-S1. EMG, dated 07/29/2013, was normal, no evidence of lumbar radiculopathy. Surgical history was status post right knee surgery and status post right shoulder surgery. Physical examination on 06/02/2014 revealed that the injured worker was unable to take NSAIDs due to GI upset. Examination revealed a negative seated straight leg raise bilaterally. Reflexes were 2+ in the knees, but absent in the ankles. There was no extensor hallucis longus weakness. Sensation was intact to light touch. Medications were atorvastatin, Omeprazole, Tramadol, and over the counter analgesics. Treatment plan was for epidural steroid injections for the lumbar spine. The rationale was "unfortunately, in seeing the patient today, he does not have any signs of neuro-tensioning on my evaluation today, and therefore, I would not suggest epidural steroids at the present time." The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Injection to the L5/S1 area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

**Decision rationale:** The decision for Lumbar Epidural Injection to the L5/S1 area is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The injured worker did not have radiculopathy symptoms upon examination. It was not reported that conservative treatment had failed. There are no neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution. The clinical information submitted for review does not provide evidence to justify a lumbar epidural injection to the L5/S1 area. Therefore, this request is not medically necessary.

**Facet Blocks Bilaterally to the L4/5, L5/S1 area:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Resnick, 2005) and (Franklin, 2008)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The decision for Facet Blocks Bilaterally to the L4/5, L5/S1 area is not medically necessary. The ACOEM Guidelines state that invasive techniques, such as facet joint injections, are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic. The included medical documents lack evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. Conservative treatment was not reported to have failed. The clinical information submitted for review does not provide evidence to justify Facet Blocks Bilaterally to the L4/5, L5/S1 area. Therefore, this request is not medically necessary.