

<b>Case Number:</b>	CM13-0016294		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	05/20/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of May 20, 2012. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of physical therapy, unspecified amounts of chiropractic manipulative therapy, a TENS unit, and opioid therapy. In a handwritten note dated December 12, 2013, the applicant reported 8/10 low back pain radiating into the right leg. The applicant was advised to pursue acupuncture. Electrodiagnostic testing, psychological consultation, and LidoPro cream were also sought. The applicant's work status was not stated on this occasion. In an earlier note of November 21, 2013, the applicant was given a rather proscriptive 10-pound lifting limitation. It was again not stated whether or not the applicant was working or not with said limitation in place. On November 14, 2013, the applicant was described as having issues with depression. Chiropractic manipulative therapy, psychological counseling, Flexeril, and Motrin were sought. In an August 29, 2013 medical-legal evaluation, it was stated that the applicant had been off of work since May 2012. The applicant did report ongoing complaints of low back pain radiating into left leg. The applicant reported pain as high as 10/10. The applicant was using a cane, and apparently had good motor function about the legs. A survey of the records reviewed by the claims administrator suggested that the applicant had had a lumbar MRI of October 24, 2012 notable for mild-to-moderate bilateral neuroforaminal stenosis at L5-S1 with associated effacement of the exiting L5 nerve roots. The applicant was given a 15% whole-person impairment rating. It was stated that the applicant was not a surgical candidate. Electrodiagnostic testing of January 21, 2013 demonstrated evidence of a left L5 lumbar radiculopathy. The remainder of the file was surveyed. It did not appear that the applicant had had a prior epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PAIN MANAGEMENT CONSULTATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIALTY CONSULTATION Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. In this case, the applicant's chronic pain complaints have proven recalcitrant to time, medications, physical therapy, manipulative therapy, observation, etc. The applicant remains off of work. The applicant's pain complaints are heightened and consistently described as severe. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is therefore indicated. Accordingly, the request is medically necessary.

### **EPIDURAL STEROID INJECTION L5-S1:** 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 Injection Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have both radiographic and electrodiagnostic corroboration of radiculopathy at the level in question. The request in question, furthermore, appears to represent a first-time epidural steroid injection as there is no concrete evidence on file that the applicant has had any prior epidural blocks. Page 46 of the MTUS Chronic Medical Treatment Guidelines does support up to two diagnostic blocks. Epidural steroid injection therapy is indicated, for all of the stated reasons. Therefore, the request is medically necessary.