

<b>Case Number:</b>	CM13-0017830		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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 patient is a 44-year-old male who sustained a work-related injury on 02/21/2013. The clinical information indicated the patient participated in a Functional Restoration Program, physical therapy, and was treated with medication management. Objective findings revealed tenderness to palpation, spasms, and limited range of motion. The patient had a positive Kemp's test bilaterally, positive straight leg raise test on the left and positive Yeoman's bilaterally. There were depressed deep tendon reflexes. MRI of the lumbar spine revealed a right central disc protrusion which mildly impressed on the thecal sac at L4-5. Request for authorization for referral to pain management for evaluation of epidural injections to the lumbar spine was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation of Pain management specialist including Epidural injections to the lumbar spine, QTY 1.00: Upheld**

**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 Injections (ESIs) Page(s): 46.

**Decision rationale:** CA Medical Treatment Utilization Schedule (CA MTUS) Guidelines for the use of epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging study and/or electrodiagnostic testing, and should be initially unresponsive to conservative treatment." The clinical records provided lack documentation of neurological deficit or motor weakness to suggest radiculopathy. Additionally, there is no updated clinical provided to determine the patient's progress with the Functional Restoration Program or medication management. Given all of the above, the request for a pain management consult for epidural steroid injection is not supported. As such, the request for evaluation of pain management specialist including epidural injections to the lumbar spine QTY: 1.00 is non-certified.