

<b>Case Number:</b>	CM13-0026115		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

This is a fifty six year old female with history of work related injury on 2/3/2010. On the day of injury, the patient was sorting while standing on a step stool on top of a rubber mat. The rubber mat slid causing her to fall. She reportedly sustained injuries to her neck, lumbar spine, upper back, bilateral shoulders, right foot, left elbow, and forearm. X-ray of the thoracic spine taken on 2/5/2010 and interpreted by [REDACTED] revealed multilevel mild degenerative lipping without any other abnormality, X-ray of the lumbar spine taken on the same date revealed no acute abnormalities. The patient was diagnosed with cervical and lumbar sprain/strain, right shoulder impingement and right knee meniscus tear. She underwent surgery for her right knee. She was treated with Physical Therapy and followed up by [REDACTED]. Magnetic resonance imaging(MRI) of the lumbar spine was done on 7/30/2010 and interpreted by [REDACTED] to have revealed the following: At L3-L4, there was mild to moderate right and mild left neural foramina! narrowing secondary to a 1-2 mm posterior disc bulge and facet joint hypertrophy. At L4-L5, there was mild right and moderate left neural foraminal narrowing secondary to a Grade I anterolisthesis and facet joint hypertrophy. At L5-S1, there was a 1-2 mm posterior disc bulge without evidence of canal stenoses or neural foramina! narrowing. There was mild levoscoliosis. Electromyogram / Nerve Conduction performed on the lower extremities by [REDACTED] on 9/9/2010 revealed Electromyogram findings suggestive of chronic active L5-S1 radiculopathy and normal Nerve Conduction studies findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One follow-up visit with a Pain Management Specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines (page 46), stipulates that "the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". MTUS further stated that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. American College of Occupational and Environmental Medicine (page 300) states: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. This fifty six year old female had a lower back injury on 2/3/2010. She had an X-ray of the lumbar spine on 2/5/2010, that was unremarkable for acute back ailment. On 7/30/2010, Magnetic resonance imaging(MRI) of the lumbosacral joint was performed and interpreted by [REDACTED] to have revealed the following: At L3-L4, there was mild to moderate right and mild left neural foramina! narrowing secondary to a 1-2 mm posterior disc bulge and facet joint hypertrophy. At L4-L5, there was mild right and moderate left neural foraminal narrowing secondary to a Grade I anterolisthesis and facet joint hypertrophy. At L5-S1, there was a 1-2 mm posterior disc bulge without evidence of canal stenoses or neural foraminal narrowing. There was mild levoscoliosis. Electromyogram / Nerve Conduction performed on the lower extremities by [REDACTED] on 9/9/2010 revealed Electromyogram findings suggestive of chronic active L5-S1 radiculopathy and normal Nerve Conduction studies findings. Also, there is no record of any electro-diagnostic studies showing evidence of nerve root compression or impingement. Therefore the request for one follow-up visit with a pain management specialist is not medically necessary.