

<b>Case Number:</b>	CM13-0043885		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date of 09/25/09. Based on the 09/27/13 progress report provided by [REDACTED] the patient complains of low back pain with radiating pain, tingling and numbness to left lower extremity up to left thigh, left knee and occasionally left leg region of body. He is positive for tenderness on the left paraspinal region with no focal point spinal tenderness. His flexion is limited to thigh and he has limited bilateral lateral rotation and lateral flexion due to pain. The patient is diagnosed with lumbosacral sprain with left sciatica. [REDACTED] is requesting for a referral to pain management for epidural steroid injection. The utilization review determination being challenged is dated 10/09/13. The rationale is that there was no true radicular symptoms, no definite imaging study evidence of a neurocompressive lesion, and no indication of failure of conservative care including therapy and medications. [REDACTED] is the requesting provider and provided treatment reports from 08/01/13-12/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PMR MANAGEMENT FOR EPIDURAL INJECTION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s).

**Decision rationale:** According to the 09/27/13 report by [REDACTED], the patient presents with low back pain with radiating pain, tingling and numbness to left lower extremity up to left thigh, left knee and occasionally to the left leg. The request is for referral to pain management for epidural steroid injection. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation and the patient should be allowed a referral to pain management to address the persistent and chronic pain. Recommendation is for authorization.