

<b>Case Number:</b>	CM13-0050841		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 reportedly associated with an industrial injury of July 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and intermittent drug testing. An October 2, 2013 progress note indicates that the applicant reported persistent 3-8/10 low back pain. The applicant has a large disk herniation at L5-S1 measuring 7-8 mm causing narrowing of the left lateral recess and neural foramen with impingement on the exiting L5-S1 nerve roots. The applicant had positive straight leg raising and normal motor function about the lower extremities. An epidural steroid injection and pain management consultation were endorsed. In a later note of January 28, 2014, the applicant's pain management physician wrote that he was seeking authorization for epidural steroid injection therapy given the failure of conservative treatment in the form of time, medications, physical therapy, and manipulative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESIs) are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant has a large disk herniation at the level in question, L5-S1. Thus, there is radiographic corroboration for the applicant's radicular complaints. Epidural steroid injection therapy is indicated in the treatment of the same. Therefore, the request is medically necessary and appropriate.

**PAIN MANAGEMENT CONSULTATIO AND TREATMENT IN HOUSE WITH [REDACTED]**  
[REDACTED]: Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

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

**Decision rationale:** According to the California MTUS Chronic Pain 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 and determine whether a specialist evaluation is necessary. In this case, the applicant's lumbar radicular complaints have in fact proven recalcitrant to conservative measures. Obtaining the added expertise of a physician specializing in chronic pain is indicated. Therefore, the request is medically necessary and appropriate.