

<b>Case Number:</b>	CM13-0064821		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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, and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 12/19/2011. The mechanism of injury was not provided. The note dated 11/04/2013 indicated the patient had complaints of neck, back, bilateral wrist, and bilateral foot pain at 7/10 on the subjective pain scale. The patient had complaints of numbness and tingling in both hands and feet. The patient continued to complain of dropping of objects from her hands and burning in the bottoms of her feet. Upon examination of the lumbar spine, flexion was 45/90 degrees; extension was 10/25 degrees; right lateral flexion was 10/25 degrees; and left lateral flexion was 10/25 degrees. The patient had a positive toe and heel walk. It was noted the patient had a stereotypical flat foot, lack of arch bilaterally. It was noted the physician requested a referral for pain management consultation, regarding lumbar spine epidural steroid injection. There was an official MRI of the lumbar spine dated 02/02/2013 which revealed T12-L1: 5 to 6 mm extruded disc with anterior indentation on the thecal sac secondary to narrowing of the spinal canal. L1-2: 1 to 2 mm Schmorl's nodes in the endplate. L2-3: 1 to 2 mm Schmorl's node in the endplate. L3-4 disc desiccation and diminished disc height. There are modic type II changes within the endplates. There was 3 to 4 mm central focal disc protrusion containing an annular tear. There is evidence of spinal canal narrowing at this level. Bilateral facet arthropathy is seen at this level. There is a 2 mm to 3 mm subligamentous extension of the disc. L4-5: disc desiccation and diminished disc height. 1 to 2 mm diffuse posterior disc bulge with narrowing of the anterior thecal sac. L5-S1 disc desiccation and diminished disc height. There is 3 mm to 4 mm diffuse posterior disc bulge with narrowing of the neural foramina. There is suggestion of partial nerve impingement on the exiting nerve root on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMNET CONSULTATION, REGARDING A LUMBAR EPIDURAL STEROID INJECTION, PER 11/4/13 QUANTITY 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The request for pain management consultation, regarding lumbar epidural steroid injection per 11/14/2013 quantity 1.00 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines state if symptoms persist, further evaluation may be indicated. The records submitted for review indicated the patient had imaging studies that revealed possible radiculopathy pathology, and subjective complaints of radicular type pain. However, the records submitted for review failed to include documentation of measurable objective neurological deficits such as decreased motor strength, decreased sensation, and decreased reflexes. As such, the request for pain management consultation, regarding lumbar epidural steroid injection, per 11/04/2013, quantity 1.00 is not supported. Therefore, the request is non-certified.