

<b>Case Number:</b>	CM14-0015197		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 76-year-old male who has submitted a claim for lumbar degenerative joint disease, lumbar intervertebral disc disorder, lumbar degenerative disc disease, lumbosacral facet syndrome, right plantar fasciitis, right lumbar radiculopathy, and lumbar musculoligamentous injury associated with an industrial injury date of September 26, 1997. The medical records from 2011-2013 were reviewed. The patient complained of persistent low back pain. Physical examination showed severe tenderness and decreased motion in the lumbar spine. There is continued bilateral straight leg raise pain greater than 70 degrees with questionable peroneal nerve stretch signs. Imaging studies were not available for review. The treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, lumbar epidural steroid injections, H-wave, and lumbar laminectomy. In a utilization review, dated January 27, 2014, denied the request for follow-up with pain management because there was no medical necessity of follow-up for possible epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT FOLLOW-UP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In addition, according to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the rationale for a pain management follow-up was for consideration of another lumbar epidural steroid injection. However, there was not enough evidence of radiculopathy, no documentation of failed conservative treatment, objective pain relief measures and evidence of functional improvement from previous epidural steroid injection. The criteria for lumbar epidural steroid injections were not met. Furthermore, present clinical functional status of the patient is unknown due to lack of recent subjective findings like pain scores and functional limitations. The medical necessity for follow-up has not been established. Moreover, the request failed to specify the quantity of office visits needed for this case. Therefore, the request for PAIN MANAGEMENT FOLLOW-UP is not medically necessary.