

<b>Case Number:</b>	CM14-0126924		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/03/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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:

This male claimant, whose age is not documented, was injured on April 3, 2011. The mechanism of injury is unknown. Prior treatment history includes Norco, Naproxen, Phenergan, Trazodone, Prilosec, chiropractic treatment, and physical therapy (PT). MRI of the lumbar spine revealed multilevel degenerative disk disease with congenital spine stenosis. Progress report dated February 4, 2014 documented the patient to have complaints of low back pain which he rated as 7/10 which became decreased with medications to 5/10 and but could reach up to 10/10 in the worst cases. The patient also complained of upset stomach & occasional nausea. Objective findings on exam included tenderness over the paralumbar spine muscles and limited lumbar spine ROM (range of motion) in all planes. The patient was diagnosed with multi-level degenerative disk disease with congenital spinal stenosis, varying degrees of central spinal canal and neuroforaminal stenosis which was prominent at L3-5, facet arthropathy and hypertrophy of the ligamentum flavum over the lumbar spine. The patient was prescribed Norco & Prilosec and was recommended to continue using Naproxen. The treating physician requested a spine surgeon consultation as well as IM consultation for the patient's GI troubles. Another progress report, dated July 10, 2014, documented the patient to have complaints of continued low back pain which improves with medications, decreasing his pain to 5/10. It also documented the presence of liver problems. Physical examination and diagnoses revealed nothing new. The patient was prescribed Norco 10/325 mg and was recommended to follow-up with his liver specialist. A Utilization Review dated July 29, 2014 denied the request for ESIs (epidural steroid injections) on the left L3-4 because there is no evidence of radiculopathy on physical exam. It also denied the request for spine surgeon consultation due to lack of documented evidence that the patient might need a surgical procedure at this time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural Steroid Injection to Left L3-L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection is recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation indicated evidence of central spinal canal and neuroforaminal stenosis; however, there is a lack of supporting documentation pertaining to the physical examination reviews indicating any specific radicular pain. Therefore, this request is not medically necessary at this time.

### **Surgical Spine Consult: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Low Back

**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) Chapter 7 Independent Medical Examinations & Consultation, pages 503-524

**Decision rationale:** According to the Independent Medical Examinations and Consultation chapter of the ACOEM practice guidelines, the occupational health practitioner may refer to other specialist 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. A consultation is encouraged to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the supporting documentation indicates persistent pain symptoms; however, there is limited evidence of current examination findings and specific functional deficits that correlate to the imaging findings to support the necessity of this consultation. Therefore this request is not medically necessary at this time.

