

<b>Case Number:</b>	CM14-0168943		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 injured worker is a 50 year old male who sustained an injury to his low back on 11/22/11. The mechanism of injury was not documented. A progress report dated 03/28/14 reported that the injured worker continues to suffer from a chronic pain condition with back pain and radiculopathy. The injured worker is status post lumbar surgery. Reportedly, the injured worker has not been recommended for any further surgical intervention and was placed on permanent and stationary status. She continued to rely on medications to help her with pain and keep her functional. She rated her pain at 4-5/10 visual analog scale (VAS) and has not yet returned to work. The most recent clinical note dated 08/15/14 reported that the injured worker continues to be in severe pain condition down the left leg. It was again noted that she is no longer a surgical candidate and recommended for conservative treatment with pain management and consideration for epidural steroid injections. The injured worker currently has a qualified medical examination scheduled for 08/21/14. She continued to be in severe pain with radiating pain down the left leg and associated numbness/tingling at 4-8/10 VAS. Physical examination noted muscular guarding over the left erector spinae muscle and gluteus maximus region; tenderness to palpation over the L4-5 and L5-S1 musculature on the left side; range of motion lumbar spine 50% in backward extension and 50% in lateral flexion, as well as lumbar torsion; manual muscle testing of the bilateral lower extremities noted diminished muscle strength at 5-/5 in left hip flexion, 4+/5 left knee extension, 5-/5 left ankle dorsa flexion, and plantar flexion; diminished sensation over the left lumbosacral dermatomal distribution; straight leg raise positive in the left lower extremity at 40 degrees angle in a sitting position. The injured worker was diagnosed with status post lumbar laminectomy and post-laminectomy syndrome, L4-5 and L5-S1 lumbar discopathy with neuroforaminal narrowing, and left lumbar radiculopathy with a recurrence.

## 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 L4-S1:** Upheld

**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 injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits

**Decision rationale:** The current dictation documents ongoing leg pain with some diffused weakness throughout the lower extremities; it is not clear what conservative treatment had subsequent to her surgery, nor have there been any recent imaging studies since the surgery to determine whether or not there is still evidence of nerve root compression. A MRI with contrast would be appropriate to determine whether there is a compressive lesion that might benefit from further treatment of any kind. There was no imaging study provided for review that would correlate with recent physical examination findings of an active radiculopathy at the L4-5 or L5-S1 levels. There were no physical therapy notes provided for review that would indicate the amount of visits completed to date or the response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for a lumbar epidural steroid injection at L4-5 and L5-S1 is not indicated as medically necessary.

### **Follow up with a pain management specialist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The request for follow up with pain management specialist is not medically necessary. The Official Disability Guidelines state that the need for a clinical office visit with a healthcare provider is individualized based upon review of the injured worker's concerns, signs/symptoms, clinical stability, and reasonable physician judgment; however, given that the concurrent request for lumbar epidural steroid injections at L4-5 and L5-S1 was not medically necessary, the request for a follow up visit with a pain management specialist is also not indicated as medically necessary.