

<b>Case Number:</b>	CM14-0022526		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Nevada. 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 employee is a 59-year-old gentleman who sustained a work-related injury on May 3, 2002. The employee was most recently seen on January 8, 2014, and complained of neck pain and low back pain with numbness in the right arm and hand as well as numbness in the right leg down to his right foot. Physical examination findings on this date included decreased range of motion of his cervical, thoracic, and lumbar spine as well as decreased sensation in the right L3, L4, L5, and S1 dermatomes. Neurological examination noted decrease motor strength of all muscle groups of the right upper extremity as well as the right tibialis anterior, EHL, and motion of the right ankle. There was a positive straight leg raise on the right side at 50. A discogram of the cervical spine noted degenerative disc disease at the C4/C-5 and C5/C6 level with concordant discogenic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFORAMINAL EPIDURAL STEROID INJECTION L4-L5 RIGHT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** According to the injured employee's medical records there have already been two previous lumbar epidural steroid injections performed. The Chronic Pain Medical Treatment Guidelines do not support administration of more than two epidural steroid injections, and the previous two injections provided only resulted in short-term relief and no resultant reduction in oral medication usage. For these reasons this request for an epidural steroid injection is not medically necessary.

**FUNCTIONAL CAPACITY EVALUATION OF THE CERVICAL, THORACIC AND LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), functional improvement measures, updated June 10, 2014.

**Decision rationale:** While the California MTUS Chronic Pain Medical Treatment Guidelines did not assess a functional capacity evaluation, the Official Disability Guidelines (ODG) does endorse its use and states that functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. It has been 14 years since the injured employee stated date of injury and no apparent functional capacity evaluation has been yet performed. A functional capacity evaluation could be used to establish a baseline assessment of the injured employees functional level to base further treatment on. This request for functional capacity evaluation is medically necessary.

**GENERAL ORTHOPEDIC CONSULTATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend an orthopedic surgical referral with activity limiting radiating leg pain as well as failure conservative therapy to resolve radicular symptoms. Both of these criteria apply to the injured employee. Therefore an orthopedic surgical referral for both upper and lower extremities is medically reasonable and necessary. This request is medically necessary.

**FOLLOW UP VISIT IN 8 WEEKS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) recommends office visits and follow-ups to assess patient concerns, signs and symptoms, and clinical stability. It is important for the injured employee to attend a follow-up visit especially after attending the orthopedic surgical consult requested above. Therefore further treatment plans in this position can be made. This request for a follow-up visit in eight weeks is medically necessary.