

<b>Case Number:</b>	CM14-0032639		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic Surgery 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:

34 year old male claimant with industrial injury dated 07/09/13. Exam note 03/03/14 reports patient is diagnosed with dorsolumbar discopathy with radiculitis, left inguinal heria, rule out cervial discopathy and pain in cervical and lumbar spine. Patient reports to have low back pain and groin pain. Exam note 1/23/14 demonstrates report of pain aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Objectively there is documentation of L5 dermatomal dysethesia. Exam note 2/20/14 demonstrates report of persistent pain in the low back radiating to the lower extremities. Seated nerve root test is positive with dysesthesia in L4/5 dermatome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult for possible LESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, Epidural Steroid Injections are recommended as an option for treatment of radicular

pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes from 1/23/14 and 2/20/14 cited do not demonstrate a failure of conservative management nor is there an attached MRI report of the lumbar spine demonstrating neural compression corresponding with exam. Therefore the request for a pain management consult referral for an epidural steroid injection is not medically necessary.