

<b>Case Number:</b>	CM14-0034342		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Neurology 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 (IW) is a 52 year old right hand dominant male with a reported date of injury of 3/22/2010. The mechanism of injury is described as the IW stepping on uneven ground while lifting a pipe and falling forward. The IW is reported to have fallen on the pipe. The IW has continued to report low back pain and right ankle pain. The examination from 3/6/2014 reveals the IW has decreased range of motion in the lower back on flexion, extension and lateral bending bilaterally. The motor examination is reported to be 5/5 bilaterally in the lower extremities in addition to having symmetrical reflexes of the lower extremities bilaterally. The sensory examination of the lower extremities is reported as normal. A previous EMG and NCS of the lower extremities from 9/24/12 do not reveal any evidence of a lumbar radiculopathy. An MRI of the lumbar spine indicates mild left foraminal narrowing at L5-S1 but no stenosis or nerve root compromise. There are no findings reported on the right side at L5-S1. The IW has been treated with oral medications including Norco, NSAID s and Gabapentin in addition to the use of a TENS Unit. The IW states the TENS unit provides very little relief. A previous request for a pain management consult in addition to the request for epidural steroid injections was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar pain management consult QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112 and 127.

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

**Decision rationale:** According to the chronic pain medical treatment guidelines, the use of epidural steroid injections can be used as an option for the treatment of radicular pain with the understanding there is corroborative findings of a radiculopathy. In this particular case, the IW does not have a Neurological examination (from exam on 3/6/14) to support a radiculopathy. The motor and sensory exams of the lower extremities are reported as normal. The lower extremity reflex exam is also reported as normal. In addition, and EMG and NCS from 9/24/12 report there is no evidence of a radiculopathy therefore, the procedure is not medically necessary. Although the MTUS does not address the specific criteria for a lumbar pain management consultation, the purpose of the consultation would be to administer epidural steroid injections in the lumbar spine. Since the epidural steroid injections are not medically necessary, the need for a pain management consultation is not medically necessary.

**Right L5-S1 ESI series QTY: Unspecified:** 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 Page(s): 46.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines the use of epidural steroid injections can be used as an option for the treatment of radicular pain with the understanding there is corroborative findings of a radiculopathy. In this particular case, the IW does not have a Neurological examination (from exam on 3/6/14) to support a radiculopathy. The motor and sensory exams of the lower extremities are reported as normal. The lower extremity reflex exam is also reported as normal. In addition, and EMG and NCS from 9/24/12 report there is no evidence of a radiculopathy, therefore, the procedure is not medically necessary.