

<b>Case Number:</b>	CM14-0038709		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	08/09/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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, has a subspecialty in; Interventional Spine 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:

This patient is a 31-year-old male with a date of injury 02/22/2013. Per treating physician's report on 03/07/2014, patient complains of low back pain which radiates to the anterior and posterior thigh occurring at work from lifting a heavy container of sauce. Associated symptoms include stiffness that is persistent and numbness in the thigh. This report summarizes the patient's progress, and it states that on 09/25/2013, the patient was improving with land therapy, has not started aquatic therapy; by 10/09/2013 continues to go to land therapy but not started aquatic therapy; 10/30/2013, completed first aquatic therapy session; 11/12/2013, has 4 sessions of pool therapy left, and subsequently in January and February, the patient's symptoms are unchanged. Per 03/07/2014 report, the listed diagnoses are lumbosacral joint strain, sprains/strains of shoulder and upper arm, low back pain, and thoracic pain. Treatment plan was to refer the patient to physical therapy to evaluate and treat back pain 2 times a week for 3 weeks and pain management to perform epidural. MRI of the lumbar spine from 07/09/2013 showed mild lower lumbar spondylosis with bulging disk only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management for an epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC (acute and Chronic) office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) (MTUS pgs 46, 47) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back with some pain down the thighs. The request was for referral to pain management for the purpose of epidural steroid injection. However, review of the reports does not show an indication for epidural steroid injection. MTUS Guidelines required diagnosis of radiculopathy defined as dermatomal distribution of pain, positive examination findings for nerve root issues, with collaboration from MRI findings or radiographic findings. In this case, MRI of the lumbar spine only shows spondylosis with no evidence of nerve root problems such as stenosis or herniation that would explain the patient's intermittent thigh symptoms. Referral to a pain management for the purpose of an epidural steroid injection is not indicated given the lack of patient's specific and clear diagnosis of radiculopathy. Therefore is not medically necessary.