

<b>Case Number:</b>	CM14-0043748		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Illinois. 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 35-year-old female smoker who reported a heavy lifting injury on 05/30/2013. On 10/10/2013, she presented having low back pain radiating into the right leg. The pain was primarily in the lumbar region and she described it as aching. Her pain severity was rated at 7/10. The pain radiated to both buttocks with no numbness or tingling or weakness and did not radiate to the lower extremities. She reported that the pain is relieved with Vicodin and ibuprofen. It was exacerbated by bending. There was no dosage noted for the Vicodin, but the ibuprofen was 600 mg and she also took tramadol 50 mg. It was reported that her active range of motion for the lumbar spine was normal except with increased pain on flexion. Upon examination, she was noted to have had mild paraspinal tenderness bilaterally at L4-5. An x-ray of the lumbar spine done on 08/30/2013 revealed mild hyperlordosis and mild levoconvex scoliosis, narrowing of L5-S1 intervertebral disc space, possible mild degenerative joint disease involving the L5-S1 facet joints and the right central sacroiliac joint. It was negative for acute displaced fracture or dislocation. An MRI of the lumbar spine on 09/27/2013 showed a posterior disc protrusion at L4-5 and L5-S1, but no disc herniation or nerve root impingement. In an office visit of 10/18/2013, the treatment plan included a course of 10 chiropractic sessions, Flector patches and "if these do not yield utility, we will consider epidural steroid injections. The risks, benefits and alternatives have been discussed and reviewed and the patient understands and agrees." A Request for Authorization dated 12/05/2013 was included with the documents. It was further noted that she was unable to continue with her chiropractic and physical therapy treatments due to financial constraints and transportation difficulties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MGMT CONSULT/EVAL FOR POSS ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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), Pain, Office visits.

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injections which can offer short term pain relief should be used in conjunction with other rehabilitation efforts including continuing a home exercise program. There is little information on improved function. Criteria for the use of epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging, be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS and muscle relaxants) and injections should be performed using fluoroscopy for guidance. ODG for office visits recommends office visits if they are determined to be medically necessary. The determination of necessity for an office visit requires individualized case review and assessment. Since this worker does not have radiculopathy as verified by her MRI or on physical examination, the administration of an epidural steroid injection would not fall within the perimeter of the guidelines. Thusly, the medical necessity for epidural steroid injection has not been established. Therefore, this request for pain management consult/eval for possible ESI is not medically necessary and appropriate.