

<b>Case Number:</b>	CM14-0064174		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 61-year-old man who sustained a work-related injury on August 5, 2013. Subsequently, he suffered a complex left acetabular fracture for which he was operated on August 6, 2013. He continued to have pain and weakness in the left lower extremity. He was reported to have an anterior column fracture with 8 posterior transverse fractures. As of October 29, 2013, the patient reportedly had 24 visits of physical therapy post-operatively. According to the note dated November 7, 2013, the patient has been progressing steadily with physical therapy. When seen on April 8, 2014, the patient was complaining of low back pain rating to the left lower extremity and numbness. His physical examination showed negative straight leg raising and a quadriceps weakness graded at 4/5. An MRI of the lumbar spine dated February 6, 2014 documented degenerative anterolisthesis with a high-grade central stenosis at L4-5. The EMG/NCS dated May 12, 2014 was a normal study without evidence of radiculopathy or polyneuropathy. The patient was diagnosed with left lower extremity radiculopathy and lumbar spine central stenosis.

### 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 Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 - Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171,Chronic Pain Treatment Guidelines Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated that recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity; (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis; (c) There is a previous medical history of delayed recovery; (d) The patient is not a candidate where surgery or other treatments would clearly be warranted; (e) Inadequate employer support; and (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. There are no red flags or justifications for a pain management consultation. There is no clinical evidence of lumbar radiculopathy. Furthermore, the patient's EMG/NCV was negative for lumbar radiculopathy. Therefore, the request is not medically necessary.