

<b>Case Number:</b>	CM14-0075457		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 is a 53-year-old female who reported an injury on 10/03/2013. The mechanism of injury was a fall. The injured worker had a history of back pain. Upon examination on 02/24/2014, the thoracolumbar spine was noted to be unchanged. There was tenderness at the thoracic and lumbar paravertebral muscles. There was pain with terminal motion. The seated nerve root test was positive. There was dysesthesia at the L5 and S1, dermatomes. A 05/19/2014 clinical note indicated that the injured worker complained of low back pain and right lower extremity pain and had tenderness to palpation, spasm, decreased range of motion, and a positive straight leg raise test on physical exam. The diagnosis was listed as lumbago. Prior treatments included chiropractic care, psychotherapy and medications. The injured worker was on light duty. The request is for consultation with pain management for transforaminal epidural steroid injection. The request for authorization and rationale were not submitted within the documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with pain management for Transforaminal Epidural Steroid Injection:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary last updated 03/31/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, office visit.

**Decision rationale:** The request for consultation with pain management for transforaminal epidural steroid injection is not medically necessary. The injured worker has a history of lumbar spine pain. The California Medical Treatment Utilization Schedule Guidelines recommend the criteria for the use of epidural steroid injections is to reduce pain and inflammation, and restore range of motion, and facilitate progress. There is no long term functional benefit. Radiculopathy must be documented by a physical exam and corroborated by imaging studies and/or electronic diagnostic testing. The Official Disability Guidelines recommend office visits as determined to be medically necessary. The guidelines also state the need for clinical office visit is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request is for consult with pain management for transforaminal epidural steroid injection. On exam there is no submitted imaging to specify pathology of the lumbar spine to warrant a medical consult at this time and there was no significant evidence of radiculopathy on physical exam with correlation by diagnostic testing to warrant injection therapy. As such the request for a consultation with pain management for transforaminal epidural injection is not medically necessary.