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| <b>Case Number:</b>   | CM14-0079644 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 01/23/2014 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 05/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/30/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male who has submitted a claim for lumbar disc displacement and lumbar radiculopathy associated with an industrial injury date of January 23, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of back radiating to the left leg. The pain was described as sharp and dull, of moderate severity, intermittent frequency, exacerbated by movements and relieved by rest. There was an associated limited back motion and numbness and/or tingling sensation of the left lower extremities. There was neither perceived leg weakness nor bladder or bowel dysfunction. On physical examination, patient was noted have an abnormal gait and posture, tenderness of the thoracolumbar spine and paravertebral musculature and decreased range of motion of the back. Bilateral patellar and Achilles deep tendon reflexes were 2/4. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test was negative. An MRI from February 25, 2014 disclosed a moderate left L4-5 paracentral disc herniation with congenital stenosis and mild to moderate central canal stenosis. Treatment to date has included medications, massage and chiropractic sessions. Patient was able to tolerate these modes of therapy but benefit was only limited. Utilization review from May 2, 2014 denied the request for Lumbar Pain Management referral 4/18/2014 because there was no available documentation of neurologic deficit and corroborative diagnostics to meet cited MTUS guidelines for an ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar pain management referral 4/18/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7 Independent Medical Evaluations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was diagnosed with lumbar disc displacement and lumbar radiculopathy and his complaint persisted despite trial of conservative therapy. A pain management referral may be warranted. However, it was mentioned in the records that the referral was specifically made for therapy with epidural steroid injections. According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: 1) radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing and 2) initially unresponsive to medications (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient's radiculopathy is documented by an imaging but not by the physical examination. Furthermore, although the patient failed conservative therapy in the form of massage, chiropractic sessions and medications including NSAIDs, documentation does not show adequate use of exercises and muscle relaxants. Therefore, the request for Lumbar pain management referral 4/18/2014 is not medically necessary.