

<b>Case Number:</b>	CM14-0081264		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 54 year old female who was injured on November 20, 2012 while working. The mechanism of injury is noted as exiting the bus the injured worker slipped on the steps and fell landing on the right side. The diagnoses listed as thoracic or lumbosacral neuritis or radiculitis unspecified (724.4), acquired spondylolisthesis (738.4), other postsurgical status (V45.89). He is also S/P B/L L4-5 laminectomy and facetectomy on 4/23/14. The most recent progress note dated 5/5/14, reveals complaints of right buttocks pain radiating down the right posterior thigh through the calf, rating pain a 7 out of 10 on visual analog scale (VAS). Physical examination revealed antalgic gait, straight leg raise positive on the right 30 degrees negative on the left at 90 degrees Prior treatment includes physical therapy and medications. Thus far Medrol dose pack and Gabapentin has failed to significantly improve her symptoms. A prior utilization review determination dated 5/22/14 resulted in denial of pain management consultation quantity one and right L5 transforaminal epidural injection form quantity one.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation qty 1:00 Retro 05/05/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office Visits.

**Decision rationale:** As per CA MTUS guidelines, the occupational 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 determination for right L5 TF-ESI was non-certification. Accordingly, there is no need for pain management consultation, thus the request is not medically necessary.

**Right L5 transforaminal epidural injection form qty 1.00 Retro 05/05/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

**Decision rationale:** The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is no imaging evidence of nerve root compression correlating with the clinical findings and the requested level for epidural injection. There is little to no evidence of prior trial and failure of conservative management, such as physical therapy of a reasonable period of time. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.