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| <b>Case Number:</b>   | CM14-0123336 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 04/01/2014 |
| <b>Decision Date:</b> | 03/05/2015   | <b>UR Denial Date:</b>       | 07/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical record, this is a 41 years old male with low back pain, date of injury is 04/01/2014. Previous treatments include medications and physical therapy. Initial treating doctor report dated 05/29/2014 revealed patient complaints of constant, aching and electrical numb-type low back pain. Examination revealed pain with palpation at L4-S1 and extended across the waistband area, decreased forward flexion, positive straight leg raise bilaterally at 60 degrees, positive bilateral leg raise, positive Kemp's, positive right Yeoman's test, sensation to Wartenberg's pinwheel diminished over the right L5 and S1 dermatomes, right extensor hallucis longus and right foot eversion are rated 4+/5. Diagnoses include lumbar herniated disc and lumbosacral sprain and strain. Progress report dated 06/25/2014 by the treating doctor revealed low back pain traveled to both legs. Lumbar MRI dated 06/24/2014 showed L5-S1 disc injury. Exam findings had not changed. The patient remained off-work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Evaluation for lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management.

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

**Decision rationale:** The claimant presented with ongoing low back pain that radiated to both legs. Physical examination and MRI studies confirmed radiculopathy. The claimant has failed to response to medications and physical therapy. Based on the guidelines cites, the claimant might be a good candidate for Epidural steroid injections (ESIs), therefore, the request for pain management evaluation for the lumbar spine is medically necessary.