

<b>Case Number:</b>	CM14-0189375		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/09/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 underlying date of injury in this case is 03/09/2014. The date of the utilization review under appeal is 10/21/2014. On 09/24/2014, the patient was seen in primary treating physician follow-up complaining of low back pain with leg symptoms. The patient reported she had depression due to the increased pain and that she recently had to stop physical therapy due to increased back pain. The patient reportedly had a follow-up visit pending orthopedic surgery regarding hip and knee complaints. The patient's medications include naproxen, gabapentin, and Prilosec. The patient reported that she had some gastric upset from the Prilosec, and the patient reported she also had discontinued tramadol due to gastrointestinal upset. Tylenol and Advil had not helped in the past. On exam, the patient had decreased sensation in L4, L5, and S1 dermatomes on the right and decreased strength in the psoas, quadriceps, hamstrings, EHL, inversion, eversion, and plantar flexors on the right with the examination limited by pain. An MRI of the lumbar spine of 08/08/2014 was noted to have shown moderate to severe right neural foraminal narrowing at L4-L5 as well as caudal left neural foraminal narrowing. The patient was diagnosed with a lumbar radiculopathy and lumbar disc herniations. The treating physician requested an epidural steroid injection and also advised the patient to stop taking anti-inflammatory medications to determine whether further treatment was indicated. Orthopedic follow-up was recommended regarding the patient's ongoing knee and hip symptoms. Podiatry follow-up was recommended. An initial physician review concluded that an epidural injection was not indicated as there was no "large disc protrusion" to correlate with subjective symptoms and because the prior EMG did not document a radiculopathy. The prior reviewer noted that a detailed report was not provided

regarding the patient's prior orthopedic evaluation and therefore recommended no orthopedic follow-up. The prior review also noted that the patient had previously undergone a podiatry evaluation and the podiatrist had recommended physical therapy. There were no red flag signs, and thus follow-up was not needed. The prior review also concluded that an internal medicine consultation was not medically necessary because there was no indication of first-line treatment for this condition such as stopping any medication usage or use of gastrointestinal protective medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Transforaminal epidural steroid injection (ESI) at L4-L5: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states that radiculopathy must be documented on physical exam including corroborative imaging studies and/or electrodiagnostic testing. The medical records do document symptoms, motor findings, sensory findings, and MRI findings, all of which correlate to support the requested epidural injection. The treatment guideline does not require a "large" radiographic finding, and the treatment guideline does not require both imaging and electrodiagnostic findings as discussed in the prior physician review. Thus the specific criteria in the treatment guidelines have been met. This request is medically necessary.

#### **Orthopedic follow-up with [REDACTED]: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Consultation, page 127.

**Decision rationale:** ACOEM Guidelines Chapter 7 Consultation, page 127, recommends referral to other specialists if a patient may benefit from additional expertise. The medical records indicate that this patient has a prior treating relationship with a general orthopedist regarding ongoing symptoms of pain in the hip and knee. The treatment guidelines encourage continuing such a physician relationship. Therefore, this request is supported by the treatment guidelines. This request is medically necessary.

#### **Podiatric follow-up with [REDACTED]: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Consultation, page 127.

**Decision rationale:** ACOEM Guidelines Chapter 7 Consultation, page 127, recommends referral to other specialists if a patient may benefit from additional expertise. The medical records indicate that this patient has a prior podiatry treating relationship and that follow-up was planned to review the results of previously prescribed physical therapy. The treatment guidelines would specifically encourage such a continued physician relationship. This request is medically necessary.

**Internal medicine consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Consultation, page 127.

**Decision rationale:** ACOEM Guidelines Chapter 7 Consultation, page 127, recommends referral to other specialists if a patient may benefit from additional expertise. The medical records in this case indicate that this patient has ongoing gastrointestinal symptoms and has been encouraged to stop multiple pain medications. Further evaluation by a gastroenterologist as to the etiology and treatment of such gastrointestinal symptoms would be specifically supported by the treatment guidelines. This request is medically necessary.