

<b>Case Number:</b>	CM14-0208876		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 12, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a pain management consultation to consider an L4-L5 lumbar epidural steroid injection. The claims administrator did approve two hours of record review time. Non-MTUS Chapter 7 ACOEM Guidelines were invoked, along with the MTUS Guideline in ACOEM Chapter 5, page 92, and non-MTUS ODG guidelines. The claims administrator also referenced a progress note dated November 12, 2014. The applicant's attorney subsequently appealed. On April 8, 2014, the applicant reported persistent complaints of low back pain, left knee pain, left leg pain, and left ankle pain. The applicant had apparently obtained knee MRI imaging demonstrating a nondisplaced fracture of the lateral tibial plateau. MRI imaging of the lumbar spine apparently demonstrated a low-grade disk bulge at L4-L5 with associated degenerative changes, the treating provider noted. The applicant did exhibit an antalgic gait. Left lower extremity strength was scored a 4/5 versus 5/5 about the right lower extremity. The applicant was given a diagnosis of lumbar diskogenic low back pain, lumbar radiculopathy, left ankle sprain, and left knee tibial plateau fracture. The attending provider stated that the applicant was potentially a surgical candidate insofar as the lumbar spine was concerned. The attending provider stated that the applicant was not a candidate for surgical intervention insofar as the knee was concerned. The applicant did not appear to be working. On May 5, 2014, the applicant reported persistent complaints of low back pain, left knee pain, and obesity. The applicant was

apparently diabetic, it was incidentally noted. The remainder of the file was surveyed. There was no clear evidence that the applicant had had any kind of epidural steroid injection therapy involving the lumbar spine. On November 12, 2014, the applicant reported persistent complaints of low back pain, exacerbated by standing, walking, twisting, and turning. The applicant had residual issues with gait derangement owing to ongoing complaints of knee and ankle pain. The applicant was still off of work, it was further noted. The applicant reported weakness and numbness in the review of systems section of the note. The applicant did have issues with diabetes for which the applicant was using metformin and glipizide. The applicant was on Relafen. The attending provider suggested that the applicant consider an epidural steroid injection. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. The attending provider suggested that the applicant obtain a left knee arthroscopy procedure and/or postoperative physical therapy. The attending provider stated that the applicant should consult a pain management physician to consider epidural steroid injection therapy. Tramadol and diclofenac were endorsed.

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

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

#### **Pain Management Consultation for L4-5 Epidural Steroid Injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation ACOEM 2004, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant was/is off of work. The applicant has multifocal pain complaints. The applicant has persistent axial and radicular pain complaints which have seemingly proved recalcitrant to conservative management in form of time, medications, physical therapy, observation, etc. Obtaining the added expertise of a pain management consultant to determine the applicant's suitability for epidural steroid injection therapy is, thus, indicated. Therefore, the request is medically necessary.