

<b>Case Number:</b>	CM15-0133602		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This injured worker is a 45 year old female who reported an industrial injury on 8/1/2012. Her diagnoses, and or impression, were noted to include: lumbar disc disease; and post-operative lumbar discectomy in 2000 with lumbar radicular symptoms and depressive symptoms. No current imaging studies were noted. Her treatments were noted to include: diagnostic studies; acupuncture treatments; medication management; rest from work. The progress notes of 3/17/2015 reported a monthly visit for complaints of severe low back pain, left > right, with a constant burning sensation into the left buttocks and down to her foot, with associated weakness/burning/tingling, and relieved by acupuncture and medications. Objective findings were noted to include an antalgic gait; equivocal weakness of the left foot everters; decreased stretch reflexes of the ankle and knee; slight blunting to pin of the left leg, in the lumbosacral distributions; and positive left sitting straight leg raise. The physician's requests for treatments were noted to include a Neuro-surgeon consultation for possible lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for possible LESI injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The provided clinical documentation does not meet criteria for ESI per the California MTUS. Therefore consult for possible ESI is not medically warranted.