

<b>Case Number:</b>	CM15-0138268		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### 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 56-year-old male who sustained an industrial injury on 10/18/12. He was diagnosed with a pelvic fracture and was treatment with open reduction and internal fixation of the symphysis pubis and a percutaneous screw for the sacroiliac joint. He underwent removal of the retained symptomatic right sacroiliac posterior pelvic screw on 4/29/15. The 6/9/15 lumbar spine MRI myelogram impression documented a mild S-shaped scoliosis. There was mild anterior wedging of the L5 vertebral body on the left which may be secondary to an old benign compression fracture. There was slight superior depression of the superior cortical endplate of the T12/L1 vertebral body, also possibly on the basis of an old compression fracture. There were changes of disc desiccation at T12/L1 and L2/3 with preservation of disc height. There was mild to moderate right sided and minimal left sided facet joint effusions at L2/3. There were changes of disc desiccation at L3/4 with mild disc space narrowing, and minimal bilateral facet joint effusions L3/4. There was moderate disc space narrowing at L4/5 with subtle disc desiccation, 0.5 to 1 mm disc bulge, and mild bilateral facet hypertrophy at L4/5. There were bilateral facet joint effusions at L5/S1 with near symmetrical filling of the lumbar and sacral nerve root sleeves. The 6/17/15 orthopedic report indicated that the injured worker was status post right hip hardware removal. He had continued right leg pain and numbness and right buttocks numbness. Imaging showed L4/5 herniated nucleus pulposus with degenerative disc disease and disc desiccation. Physical exam documented paraspinal tenderness and spasms to palpation, and positive pain with flexion and extension. The treatment plan recommended referral to a spine specialist for evaluation and treatment with possible epidural steroid injection to treat radicular symptoms, and refill of Percocet. Authorization was requested for referral to an orthopaedic spine specialist for evaluation and treatment. The 6/25/15 utilization review non-certified the

request for referral to an orthopaedic spine specialist for evaluation and treatment. The rationale indicated that the injured worker was being actively treated with orthopaedics, and the referral was to evaluate for lumbar radiculopathy and possible epidural injections, which is not the most appropriate referral specialist at this time.

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

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

**Ortho spine specialist evaluation and treat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. MTUS guidelines support the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. The ACOEM guidelines support referral to a 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. This injured worker presents with persistent right lower extremity radicular pain with numbness. He is under the care of an orthopaedic surgeon and recently underwent hardware removal at the right sacroiliac joint without resolution of this complaint. Imaging documented degenerative disc disease and a mild disc bulge at the L4/5 level without evidence of nerve root compression. There was no neurologic exam documented to correlate with imaging or evidence nerve root compression. Detailed documentation of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the low back and failure has not been submitted. The medical necessity of referral for epidural steroid injection is not established. Guidelines would support an evaluation as the course of care may benefit from additional expertise, however the request for treatment, and specifically epidural steroid injection, is not supported by current documentation. Therefore, this request is not medically necessary at this time.